DEPT.-65

JOB- 28

REEL-26

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E Farber, Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KF 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 MA 10760

1. Sex, (~~state whether~~ male or female) ~~Girl~~ female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 15th

4. Place of Birth, (Street and Number) 119 Main Alley

5. Full Name of Mother, Fannie Elizabeth Adams

6. Mother's Maiden Name, —

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Wales

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return C Marion Dodson

Address, 1100 Linden Av

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child A. 10750

1. *Sex, (state whether male or female)* boy
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 1808 Chero St.
5. *Full Name of Mother,* Kate Rosemer
6. *Mother's Maiden Name,* Fleischer
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* John S. Rosemer
9. *Father's Occupation,* varnischer
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 1249 E. Eager St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DOLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10752

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 15th 1889
4. *Place of Birth, (Street and Number)* 415 S. Exeter st
5. *Full Name of Mother,* Carolina Hampdan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hampton
9. *Father's Occupation,* Watch maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 10753

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16th 1889
4. Place of Birth, (Street and Number) Baltimore 2145 Division St.
5. Full Name of Mother, Mary Philomena Townsend
6. Mother's Maiden Name, Mary Philomena McCardell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles William Townsend
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Rawlings.

Address, 1610 Pinckney Alley.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. KELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 10754

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 16th 1889
4. *Place of Birth, (Street and Number)* 1307 Kuper Place
5. *Full Name of Mother* Annie Darby
6. *Mother's Maiden Name* O'Shannessy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Darby
9. *Father's Occupation* Labrer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John Neff MD

Address 701 N Conklin Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 10755

1. *Sex, (state whether male or female)* male.
2. *Race or color, (if not of the white race)* white.
3. *Date of Birth,* March 16th.
4. *Place of Birth, (Street and Number)* 1930 E. Lombard - St.
5. *Full Name of Mother,* Kathe Scheuering
6. *Mother's Maiden Name,* Kathe Gessner
7. *Mother's Birthplace,* Sulzheim, Bayern, Germany
8. *Full Name of Father,* George Scheuering
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Untertheres, Bayern, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Katharina Buhler Lombartstreet

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A 10755

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16, 1889
4. *Place of Birth, (Street and Number)* 355 Davis St.
5. *Full Name of Mother,* A. Samson
6. *Mother's Maiden Name,* A. Beck.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Samson.
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Butt.

Address, 1245 Monument St. cor. Central ave.

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Hattie Clara Wachter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 10757

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 16th 1889
4. Place of Birth, (Street and Number) No 652 Portland St
5. Full Name of Mother, Sophia Helen Wachter
6. Mother's Maiden Name, Sophia Helen Maing
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frank C. Wachter
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Gerlach

Address, 735 W. Pratt St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MILLER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 10758

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 March 1889
4. *Place of Birth, (Street and Number)* 1631 Canton av
5. *Full Name of Mother,* Toba Millerman
6. *Mother's Maiden Name,* Toba Königsberg
7. *Mother's Birthplace,* Russia Poland
8. *Full Name of Father,* Jacob Millerman
9. *Father's Occupation,* Merchand
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Katharina Kuhler Lombart Street

Remarks,

[illegible] been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 10757

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 7th 1884
4. *Place of Birth, (Street and Number)* 314 S. Gilmor St
5. *Full Name of Mother* Mary Owings
6. *Mother's Maiden Name* Pedrle
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Ezra E. Owings
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. John Kepp

Address 701 N Carrollton Ave

Remarks

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy A. 10760

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 17 1889
4. *Place of Birth, (Street and Number)* Duncan st 402
5. *Full Name of Mother,* Mary Cremer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* John Cremer
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hopkins Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 10761

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 17/89
4. *Place of Birth, (Street and Number)* No 2202 Eastern Ave
5. *Full Name of Mother,* Ema Hornister
6. *Mother's Maiden Name,* Hamilton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Columbus Hornister
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

...set forth as far as the same can be ascertained ... its sex, color, the full name and occupation of its ... of a certifice ... the first ... shall be delivered, duly signed by the practitioner in the ... of each and every month to the office of the Commissioner of Health. In case the birth of any child ... without the attendance of a physician or practitioner of midwifery, or should no other person be in ... on the mother, immediately thereafter it shall become the duty of the person or parents of such ... birth to the Commissioner of Health, in the manner and within the period above required, and ... persons who shall hereafter fail to comply with the provisions of this section shall be subjected to ... (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 10762

1. *Sex (state whether male or female),* male and female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March tha 17 1889
4. *Place of Birth (Street and Number),* 415 caste brosse
5. *Full Name of Mother,* mry ann Walton
6. *Mother's Maiden Name,* William Henry hoopper
7. *Mother's Birthplace,* mary land
8. *Full Name of Father,* William Herrey hoopper
9. *Father's Occupation,* tinner by trad
10. *Father's Birthplace,* mary land

Name of Medical Attendant, or other person who makes this Return, mrs ann taylor

Address, 41 guilford alley

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10763

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17th
4. *Place of Birth, (Street and Number)*	5-5-7 Orford st
5. *Full Name of Mother,*	Jennie Ferguson
6. *Mother's Maiden Name,*	Winder
7. *Mother's Birthplace,*	Frederick MD
8. *Full Name of Father,*	Thomas Ferguson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Frederick MD
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

register of such Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10764

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17. of Marty
4. *Place of Birth, (Street and Number)* 75 Garison Lane.
5. *Full Name of Mother,* Louise Albrich
6. *Mother's Maiden Name,* Louise Schloser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wilhelm Albrich
9. *Father's Occupation,* Butscher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederiche Keuler Midwife

Address, 2116 West Pratt

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10765

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 17 March
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mina Beauty
6. *Mother's Maiden Name,* Kid
7. *Mother's Birthplace,* Balto. city
8. *Full Name of Father,* Louis Beauty
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child A. 10766

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 17th.
4. Place of Birth, (Street and Number) Carroll Maryland Stafford St.
5. Full Name of Mother, Fannie V. Williams.
6. Mother's Maiden Name, Fannie V. Staples
7. Mother's Birthplace, Scottsville Albemarle Co. Virginia
8. Full Name of Father, John T. Williams.
9. Father's Occupation, General Worker
10. Father's Birthplace, Carroll Maryland.

Name of Medical Attendant, or other person who makes this Return Mrs. Elizabeth Wicks

Address, Carroll P.O. Baltimore Maryland.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female MARY GUNTHER
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 m
4. Place of Birth, (Street and Number) 818 Preston Street
5. Full Name of Mother, Mary Ann Gunther
6. Mother's Maiden Name, Kelley
7. Mother's Birthplace, Emmetsburg Md
8. Full Name of Father, John Wilson Gunther
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Marion Dodson MD

Address, 1100 Linden Ave

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10768

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 17th 1889
4. Place of Birth, (Street and Number)	Ramsey st 1719
5. Full Name of Mother,	Ellen R Carey
6. Mother's Maiden Name,	Ellen R Grunwell
7. Mother's Birthplace,	St Mary Co Md
8. Full Name of Father,	Ignatious Carey
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Electoral City
Name of Medical Attendant, or other person who makes this Return.	Mrs J Kelley
Address,	2022 Wilkens Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the petitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 10769
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 17 - 89
4. *Place of Birth, (Street and Number)*	901 N. Wolfe St
5. *Full Name of Mother,*	Elizabeth. Bader
6. *Mother's Maiden Name,*	" Milner
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry. Bader
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl A. 10770

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18 1889
4. *Place of Birth, (Street and Number)* Burke st 614
5. *Full Name of Mother,* Minnie Matter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christ Matter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Mother Washington ave

Remarks,

Health. This schedule shall contain a return of the births ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 10771

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 18th March 1889
4. *Place of Birth, (Street and Number)* 712 Fort Ave
5. *Full Name of Mother,* Sarah E. Knight
6. *Mother's Maiden Name,* Hays
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Knight
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Powell

Address, 516 Fort Ave

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 10772

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18 March
4. Place of Birth, (Street and Number) 510 N. Spring St
5. Full Name of Mother, Rosie Turshal
6. Mother's Maiden Name, " Dejon
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Marland Turshal
9. Father's Occupation, waiter
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Uhlig

Address, 1302 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2A°773

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Charles C.
3. Date of Birth, March 18/89
4. Place of Birth, (Street and Number) N° 1402 Eastern Ave
5. Full Name of Mother, Cecila Norburg
6. Mother's Maiden Name, Stumph
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Norburg
9. Father's Occupation, Restaurant
10. Father's Birthplace, Richmond

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, N° 405 S. Washington Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10774

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18" 89
4. *Place of Birth, (Street and Number)* 622 N Loudon St. (Hospt.)
5. *Full Name of Mother,* Alice Brown
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, L. E Neale M. D.

Address, 319 N. Monument

Remarks,

health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18" 89
4. *Place of Birth, (Street and Number)* 622 N Fouldandt (Hospital)
5. *Full Name of Mother,* Maggie Robson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* W. Virginia
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, L. E. Neale M.D.

Address, 219 N. Monument St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10776

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March ~~18~~ 1889
4. *Place of Birth, (Street and Number)* 232 N. Bond st.
5. *Full Name of Mother,* Rosa Feldhaus
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles F. Feldhaus
9. *Father's Occupation,* Paper-Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10777

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	ii
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18" 89
4. *Place of Birth, (Street and Number)*	622 N. Loudan St. (Rear)
5. *Full Name of Mother,*	Ruth Givens
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	L. E. Neale M.D.
Address,	319 N. Monument St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1" A 10778

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 18" 89
4. *Place of Birth, (Street and Number)* 672 W Lombard St (Hospt)
5. *Full Name of Mother,* Annie Gross
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 18th 1889
4. *Place of Birth, (Street and Number)* 255 N. Exeter st.
5. *Full Name of Mother,* Dena Mirvitz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* David Mirvitz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female) Feamale.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 18th 1889
4. Place of Birth, (Street and Number) 465 Lynn st.
5. Full Name of Mother, Barbara Gucket.
6. Mother's Maiden Name, " " Walz.
7. Mother's Birthplace, Cuba
8. Full Name of Father, Christoph Gucket.
9. Father's Occupation, Lumber Inspector
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 Bank st

Remarks,

month, and shall state as far as the same can be ascertained the full names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child A 10781
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th March
4. *Place of Birth, (Street and Number)*	Old York Road Waverly
5. *Full Name of Mother,*	Francis Josephine Powell
6. *Mother's Maiden Name,*	Francis Josephine Rose
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	John R. Powell
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Henrico County Va
Name of Medical Attendant, or other person who makes this Return.	Miss Harriet Blatchley
Address,	# 114 Old York Waverly
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10782

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (State whether male or female)* Girl.
2. *Race or color, (if not of the white race)* Whit.
3. *Date of Birth,* 18. March
4. *Place of Birth, (Street and Number)* 1223 Hare street.
5. *Full Name of Mother,* Josefina Sawarska
6. *Mother's Maiden Name,* Josefina Koblska.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Josep Sawarski
9. *Father's Occupation,* Laber.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann.

Address, 1225 Hare street.

Remarks,

Been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 10783

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* March 18th

4. *Place of Birth, (Street and Number)* 115 W. Lombard Sta.

5. *Full Name of Mother,* Anna Kobler

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A. J. Neudel M.D.

Address, 10 W. Lombard Sta.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-6-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph M. Griffin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 10784

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 19th 1889
4. Place of Birth, (Street and Number) 517 Hanover St
5. Full Name of Mother, Mary Griffin
6. Mother's Maiden Name, " Shaughnessy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Griffin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. L. C. Bench M.D.

Address, 511 Hanover St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 10786
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 19 1887
4. *Place of Birth, (Street and Number)*	136 N. Castle St.
5. *Full Name of Mother,*	Emma Lingah
6. *Mother's Maiden Name,*	" Deppe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Lingah
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return	C. H. Stevens, M.D.
Address,	1006 E. Baltimore St.
Remarks,	

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-10-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Oliver — Kieffner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The sixth child A 10786

1. Sex, (State whether male or female) A boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, March 19th 1889.
4. Place of Birth, (Street and Number) 709 W. Pratt St.
5. Full Name of Mother, Elisabeth Kieffner.
6. Mother's Maiden Name, Elisabeth Herrmann.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Charles Jacob Kieffner.
9. Father's Occupation, Cabinetmaker.
10. Father's Birthplace, Baden, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs C. Seebach

Address, 735 W. Pratt st

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULLOCK & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10787

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 19th 1809
4. Place of Birth, (Street and Number) Fredrick Ave 1809
5. Full Name of Mother, Louisa Boacle
6. Mother's Maiden Name, Louisa Lamerce
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles F. Boacle
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

Health. This schedule shall contain a list of the [illegible] the full name of each child, if any shall have [illegible] month, and shall set forth as far as the same can be ascertained the parents, the date and place of birth; and the month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. B. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10788

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 19th 1887
4. Place of Birth, (Street and Number) 1800 Eastern ave.
5. Full Name of Mother, Julia Nelson.
6. Mother's Maiden Name, " " Stolt.
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Nelson
9. Father's Occupation, Grocer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bolz

Address, 1744 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 10789

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 19th 1889.
4. *Place of Birth, (Street and Number)* 425 Eden st.
5. *Full Name of Mother,* Barbara Gonzales.
6. *Mother's Maiden Name,* " " Lauriano
7. *Mother's Birthplace,* Cuba
8. *Full Name of Father,* Charles Gonzales
9. *Father's Occupation,* Cigar Maker.
10. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return. Miss Olga Bats

Address, 1741 Bank st

Remarks,

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 10790
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 19th 1889
4. *Place of Birth, (Street and Number)*	# 516 King st
5. *Full Name of Mother,*	Maggie S. Richardson
6. *Mother's Maiden Name,*	Dashiell
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm J. Richardson
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	D. C.
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10791

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 20 1887
4. Place of Birth, (Street and Number) Edgar Pleas 270
5. Full Name of Mother, Ericia Hildebaond
6. Mother's Maiden Name,
7. Mother's Birthplace, Germeany
8. Full Name of Father, James Starkey
9. Father's Occupation, Tabor
10. Father's Birthplace, Germeanyy

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins Washington 2[illegible]

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl A 19792

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 1889
4. *Place of Birth, (Street and Number)* Canton st 1014
5. *Full Name of Mother,* Mary Skonda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemer
8. *Full Name of Father,* Matej Sundu
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Boheimen

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Koptic Washington 205

Remarks,

Health are under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 10793
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th
4. *Place of Birth, (Street and Number)*	13 W. West
5. *Full Name of Mother,*	Mary Miller
6. *Mother's Maiden Name,*	" Daily
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Jos. Miller
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	J. C. Bench M.D.
Address,	511 Hanover
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10794

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 29, 1879.
4. *Place of Birth, (Street and Number)*	309 Chestnut St.
5. *Full Name of Mother,*	G. Dole
6. *Mother's Maiden Name,*	G. Heinz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Dole
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. L. Bell.
Address,	1245 Monument St. cor Central Ave.
Remarks,	100 Male.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 March
4. *Place of Birth, (Street and Number)* 406 Exeter street
5. *Full Name of Mother,* Caroline Fortnbaugh
6. *Mother's Maiden Name,* Hibcher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Fortnbaugh
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Jenny Turnt

Address, 23 N. Eden street

Remarks,

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 10796
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1889
4. *Place of Birth, (Street and Number)*	# 917 William st
5. *Full Name of Mother,*	Mary A. Suydam
6. *Mother's Maiden Name,*	Fredericks
7. *Mother's Birthplace,*	N. J.
8. *Full Name of Father,*	Chas A. Suydam
9. *Father's Occupation,*	Pattern Maker
10. *Father's Birthplace,*	N. J.
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10797

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* March 20th 1889
4. *Place of Birth, (Street and Number)* Baltimore No 1040 Pratt Street
5. *Full Name of Mother,* Mary Thorps
6. *Mother's Maiden Name,* Mary Daton
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* George Thorps
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 107 4/18

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 20-89
4. *Place of Birth, (Street and Number)* 1921 E. Hoffman St
5. *Full Name of Mother,* Mary. Eagers
6. *Mother's Maiden Name,* " Zigler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* August. Eagers
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 N. Donogh St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. A 10799

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 20. March.
4. Place of Birth, (Street and Number) Baltimore 1643 Hanover St.
5. Full Name of Mother, Mary Rausch.
6. Mother's Maiden Name, Mary Hornig
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Herman Rausch
9. Father's Occupation, Pianomaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Catherine Münnich

Address, 806 Leadenhall Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10800

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 20th 1869
4. *Place of Birth, (Street and Number)*	Parish st 311
5. *Full Name of Mother,*	Lizzie Riley
6. *Mother's Maiden Name,*	Lizzie Bosley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michl Riley
9. *Father's Occupatim,*	Machinest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10801

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 20/89.
4. *Place of Birth, (Street and Number)* 1339 South Charles St.
5. *Full Name of Mother,* Elenora Hossbach.
6. *Mother's Maiden Name,* Elenora Schueler.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Otto Hossbach
9. *Father's Occupation,* Mail Clerk ("The Sun")
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A. 10802

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of March 1889
4. Place of Birth, (Street and Number) Baltimore City 1002 W Baltimore St
5. Full Name of Mother, Augusta C Ulrich
6. Mother's Maiden Name, Raby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Ulrich
9. Father's Occupation, Saloon business
10. Father's Birthplace, Frederick City

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1927 W Lombard Sts

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10803

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1889
4. *Place of Birth, (Street and Number)* H-1010 E Pratt St
5. *Full Name of Mother,* Eva M Thweatt
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Jos. P. Thweatt
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Petersburg Va

Name of Medical Attendant, or other person who makes this Return. L D Winternitz MD

Address, 25 S. Eden St

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-1-54.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ann ——— Shannon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 10804

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21 - 1889
4. Place of Birth, (Street and Number) 1826 Canton Av.
5. Full Name of Mother, Kate Shannan
6. Mother's Maiden Name, Lind
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph L. Shannan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 10806
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st
4. *Place of Birth, (Street and Number)*	1224 Spring P. of V.
5. *Full Name of Mother,*	Marie ~~Benda~~ Pich
6. *Mother's Maiden Name,*	" " Benda
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Václav Pich
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child A. 10806

1. *Sex, (state whether male or female)* girl
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 21 March
4. *Place of Birth, (Street and Number)* 1307 Eager street
5. *Full Name of Mother,* Mate Winter
6. *Mother's Maiden Name,* Engelhard
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* Adam Winter
9. *Father's Occupation,*
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 1847 E. Eager St.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

Louie Rebecca Moore Meissel **BALTIMORE CITY.**

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child A. 0807
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 21st 1889.
4. *Place of Birth (Street and Number)*	818 N. Fayette St.
5. *Full Name of Mother*	Laura Meisel
6. *Mother's Maiden Name*	" Moore.
7. *Mother's Birthplace*	Annapolis Md. "
8. *Full Name of Father*	William Meisel.
9. *Father's Occupation*	Bookkeeper.
10. *Father's Birthplace*	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M.D.
Address	524 Sharp St.
Remarks	

GIVEN NAME ADDED 6/22/55 g

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Braddock Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 10808
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 21st 1889
4. Place of Birth, (Street and Number)	#1278 Battery ave.
5. Full Name of Mother,	Annie L. Jones
6. Mother's Maiden Name,	Stevens
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Chas D. Jones
9. Father's Occupation,	Upholster
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st.
Remarks, GIVEN NAME ADDED 9-27-54 bbf	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10809

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21th of Marty
4. *Place of Birth, (Street and Number)* 1827 Dover Str
5. *Full Name of Mother,* Mary Dörreth
6. *Mother's Maiden Name,* Mary Bischof
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ambrose Dörreth
9. *Father's Occupation,* Schumacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt

Remarks,

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 10810
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 21–89
4. *Place of Birth, (Street and Number)*	420 N. Patterson Park Ave 420
5. *Full Name of Mother,*	Annie M. Bromelsick
6. *Mother's Maiden Name,*	" " Reese
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Bromelsick
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 — A. 10811

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 22 of March 1889
4. Place of Birth, (Street and Number) Baltimore No. 130 Dallas St
5. Full Name of Mother, Elizabeth Gillops
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Billops
9. Father's Occupation, Pole Lumber
10. Father's Birthplace, Matthews County Virginia

Name of Medical Attendant, or other Person who makes this Return. Georgiana Webb

Address, No. 27 Iron Alley

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. A 10812

1. *Sex (state whether male or female),* Male,
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* March 22d.
4. *Place of Birth (Street and Number),* #505 Scott St.
5. *Full Name of Mother,* Cassa Sehman
6. *Mother's Maiden Name,* Miles
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John H. Sehman,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. [signature] Mrs. [illegible], Md.

Address, N. E. Cor. Columbia & Fremont Aves.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10813

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d & 4th (Twins)
1. *Sex, (state whether male or female)*	Male & Female.
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	March 22, 89.
4. *Place of Birth, (Street and Number)*	460 Federal St.
5. *Full Name of Mother,*	Katie Craig
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	Wm C. Craig
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Scotland.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Fenton St.
Remarks,	

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A. 10814

1. *Sex, (state whether male or female)* X Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22, 1889.
4. *Place of Birth, (Street and Number)* 362 Gay St.
5. *Full Name of Mother,* Mary Lamb.
6. *Mother's Maiden Name,* Mary Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* L. Lamb.
9. *Father's Occupation,* Can-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt.

Address, 1245 Monument St. cor. Central ave.

Remarks, See Will.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10816

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 22nd 1889
4. Place of Birth (Street and Number), 502 Elbow lane
5. Full Name of Mother, Elizebeth Washington
6. Mother's Maiden Name, Elizebeth Heal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Edward Heal
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary ann dorsey

Address, 610 burgundy al.

Remarks, five dollars

Those under whose charge or superintendence a Birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 10816

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2, 1902
4. Place of Birth, (Street and Number) 928 Broad st
5. Full Name of Mother, Julia Washington
6. Mother's Maiden Name, " Edmunds
7. Mother's Birthplace, Balto city
8. Full Name of Father, James Washington
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address, 710 Tyson st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6th Child A 10817
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	
3. *Date of Birth,*	March 22nd 1892.
4. *Place of Birth,* (*Street and Number*)	# 2103 Mehendy St.
5. *Full Name of Mother,*	Mary Strumsky.
6. *Mother's Maiden Name,*	" " Karcher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Strumsky.
9. *Father's Occupation,*	Schoe Maker
10. *Father's Birthplace,*	Danzig Bahlen
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106. S. Monroe St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 10818

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Weith
3. *Date of Birth,* March 22/89
4. *Place of Birth, (Street and Number)* 1604 Patapsco St
5. *Full Name of Mother,* Elizabeth Burk
6. *Mother's Maiden Name,* Elizabeth Wilkenshauser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Burk
9. *Father's Occupation,* Grocries
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Mauch

Remarks, Corner Ledenhall & Montgomery

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10819

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 22nd 1889
4. *Place of Birth, (Street and Number)* 1210 Bank st.
5. *Full Name of Mother,* Rosa Lapetina
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Toby Lapetina
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C Bernstein.

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 10820

1. *Sex, (State whether male or female)* Female -
2. *Race or color, (if not of the white race)* White -
3. *Date of Birth,* March 22 - 1889.
4. *Place of Birth, (Street and Number)* 642 Portland St. - Balto. City -
5. *Full Name of Mother,* Elizabeth Owen
6. *Mother's Maiden Name,* Elizabeth Dempsey -
7. *Mother's Birthplace,* Cecil Co. Md.
8. *Full Name of Father,* Clifford Francis Hugh Owen.
9. *Father's Occupation,* Clerk -
10. *Father's Birthplace,* North Wales.

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Seebach

Address, 735 W. Pratt St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10821

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wh.
3. *Date of Birth,* Mar. 22 nd 1889
4. *Place of Birth, (Street and Number)* 632 Bloom St
5. *Full Name of Mother,* Mary E. B. Elliott
6. *Mother's Maiden Name,* Brashears
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Wm. H. Elliott
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Dr. J. Sutton Md

Address, 124 S Broadway

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 18822

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 1889
4. Place of Birth, (Street and Number) Baltimore 40 S Poppleton St
5. Full Name of Mother, Kate Galvin
6. Mother's Maiden Name, Kate Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick H Galvin
9. Father's Occupation, Conductor
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 W Payne Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 10823

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 22 March 1889
4. *Place of Birth, (Street and Number)* 1422 Argyle Avenue
5. *Full Name of Mother,* Norma Kirk
6. *Mother's Maiden Name,* " Bruce
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Geo. A. Kirk
9. *Father's Occupation,* Commission Cattle
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer Md

Address, 1106 McCulloh Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under any of the rules of the Board of Health. This schedule shall contain a list of the births which have occurred under any of the rules of the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 10824

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 22nd 1884
4. Place of Birth, (Street and Number) 1345 S. Charles Street
5. Full Name of Mother, Margret Maria Sanford
6. Mother's Maiden Name, Margret Maria Siston
7. Mother's Birthplace, Richmond county virgina
8. Full Name of Father, John Birkley Sanford
9. Father's Occupation, Oyester Dealer
10. Father's Birthplace, Westmorland county virgina

Name of Medical Attendant, or other person who makes this Return. Ellenwood A. Anderson

Address, 1434 Patapsco Street

Remarks, Child healthy

mouth, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8-9 Child No. 10826
1. *Sex, (state whether male or female)*	Both Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 23 — 1889
4. *Place of Birth, (Street and Number)*	136 Fort st.
5. *Full Name of Mother,*	Emma Menkemeier
6. *Mother's Maiden Name,*	Lemmert.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Menkemeier.
9. *Father's Occupation,*	Barber.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-22-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma C. A. Heintz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 10826

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 March 1889
4. Place of Birth, (Street and Number) 86 Harford Road
5. Full Name of Mother, Annie Heintz
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Europe
8. Full Name of Father, Wm Heintz
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. 1302 Holland St

Address, Mrs Rose Ellis

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Girl A 10827

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1889
4. *Place of Birth, (Street and Number)* N Durham st 1040
5. *Full Name of Mother,* Marija Svehla
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Karl Velemonsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hoptis Washington 205

Remarks,

Health. This schedule shall contain a list of the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl A 10828

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1889
4. *Place of Birth, (Street and Number)* 312 S Register st
5. *Full Name of Mother,* Leopoldina zeller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* georg zeller
9. *Father's Occupation,* Shumaker
10. *Father's Birthplace,* Germeny

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Koptis Washington 20

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy A 10829

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1889
4. *Place of Birth, (Street and Number)* No 409 Lewis St
5. *Full Name of Mother,* Anna Karwosek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Melonik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Baptist Washington 20

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10830

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 March
4. Place of Birth, (Street and Number) 1o 14 S Bond St
5. Full Name of Mother, Mary Robeler
6. Mother's Maiden Name, " Baer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Robeler
9. Father's Occupation, Barber
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrich

Address, 1302 Hollands

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3A 10831

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23/84
4. *Place of Birth, (Street and Number)* N° 2002 Eastern Ave
5. *Full Name of Mother,* Lydia Eisenberg
6. *Mother's Maiden Name,* Bachmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolf Eisenberg
9. *Father's Occupation,* Cigar-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 10832

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25/89
4. *Place of Birth, (Street and Number)* No 303 S. Chester St.
5. *Full Name of Mother,* Annie Star
6. *Mother's Maiden Name,* Sandford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Star
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Graff.

Address, No 405 S. Washington St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10833

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* March 23rd 1899
4. *Place of Birth,* (Street and Number) N. Exeter st.
5. *Full Name of Mother,* Mary Hendelman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Neva Hendelman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full names, each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st — A 108314
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 23rd 1889
4. *Place of Birth, (Street and Number)*	1102 Ohio St.
5. *Full Name of Mother,*	Nora Harrington
6. *Mother's Maiden Name,*	" Vickers
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Jno W Harrington
9. *Father's Occupation,*	Captain of Vessel
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return	Stanley Boyer M D
Address,	94 N Charles St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A 10835

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23rd 1889
4. *Place of Birth, (Street and Number)* 223 Eastern avenue
5. *Full Name of Mother,* Mary Wissner
6. *Mother's Maiden Name,* " " Colepth
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Wissner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mr Eliza Betz

Address, 1844 Bank st

Remarks,

Health. This schedule shall contain a list of the births when have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third A. 10831

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 rd 1889
4. *Place of Birth, (Street and Number)* No 200 Camden St
5. *Full Name of Mother,* Mary Magestky
6. *Mother's Maiden Name,* Sokiass
7. *Mother's Birthplace,* Rusien
8. *Full Name of Father,* Ampros Magestky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1827 W Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 10837

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23 — 89
4. *Place of Birth, (Street and Number)* 806 S Sharp
5. *Full Name of Mother,* Lena A Leutner
6. *Mother's Maiden Name,* Lena A Hopkins
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* William F Leutner
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Catherine Simmons

Address, 800 Leadenhall Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12689

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23 - 1889
4. *Place of Birth (Street and Number)* 1538 Division St
5. *Full Name of Mother* Maggie Weis
6. *Mother's Maiden Name* " Weisfert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis J. Weis
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett, M. D.

Address 550 Mosher St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 a A. 10839

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 23. 89.
4. *Place of Birth, (Street and Number)* 1222 W. Cross Ste.
5. *Full Name of Mother,* Marie Schäfer
6. *Mother's Maiden Name,* Marie Kaisand
7. *Mother's Birthplace,* Eschenheim — Germany.
8. *Full Name of Father,* Lorenz Schäfer
9. *Father's Occupation,* Locksmith
10. *Father's Birthplace,* Frankfurt a/M. - Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Cross St.

Remarks,

BM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10840

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1889
4. *Place of Birth, (Street and Number)* 118 E. Gittings St.
5. *Full Name of Mother,* Mildred L. Hines
6. *Mother's Maiden Name,* " " " Chiverill
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Theodore Hines
9. *Father's Occupation,* Processor
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. Theodore Coolge M.D.

Address, 914 N. Charles St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th — A 10841

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 23rd
4. Place of Birth, (Street and Number) No 766 Mc Henry St
5. Full Name of Mother, Kate Feurey
6. Mother's Maiden Name, " Lavanbugh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edwards Feurey
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Harrison

Address, 412 Scott St

Remarks,

JNO. J. D. TULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

NAME ADDED 2-5-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Ott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth A 10842
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 23 - 1889
4. *Place of Birth, (Street and Number)*	2038 E. Preston St
5. *Full Name of Mother,*	Elizabeth. Ott
6. *Mother's Maiden Name,*	" Silver
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Casper. Ott
9. *Father's Occupation,*	Broommaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 10843
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 24 1889.
4. *Place of Birth, (Street and Number)*	318 West st.
5. *Full Name of Mother,*	Anna Albrecht.
6. *Mother's Maiden Name,*	Steinbock.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Fred Albrecht.
9. *Father's Occupation,*	Restaurant.
10. *Father's Birthplace,*	America.
Name of Medical Aitendant, or other person who makes this Return.	J. Lohmasser Midwife
Address,	1032 Hanover st.
Remarks,	

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CHRIS NAME ADDED 5-2-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Josiah Wesley

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 10814

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth March 24/1889 ~~Bet Charles & Williams~~
4. Place of Birth, (Street and Number) No 10 Williams St Bet Cha and Lig
5. Full Name of Mother, Manson Johnson
6. Mother's Maiden Name, Manson Wesley
7. Mother's Birthplace, Born in Baltimore
8. Full Name of Father, Mathiah Wesley
9. Father's Occupation, Work in the Brick yard
10. Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs 119 Eden

Address, Williams Spriggs

Remarks,

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 10845

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 24 1889
4. *Place of Birth, (Street and Number)* Dunbem st 109
5. *Full Name of Mother,* Mary Barboika
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Boheimenj
8. *Full Name of Father,* Vailya Barboika
9. *Father's Occupation,* Boheimenj
10. *Father's Birthplace,* Fala

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hospital Washington 20

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 10845
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 24th
4. *Place of Birth, (Street and Number)*	No 20 E York St
5. *Full Name of Mother,*	Bridget Ryan
6. *Mother's Maiden Name,*	" Dooley
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Ed Ryan
9. *Father's Occupation,*	Longshoreman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L C Bruch MD
Address,	511 Hanover St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 24th
4. *Place of Birth, (Street and Number)*	413 Scott St
5. *Full Name of Mother,*	Rickie Geyer
6. *Mother's Maiden Name,*	" Koerner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Geyer
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Morgan
Address,	412 Scott St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under its charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) Second — A. 10848

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard St
5. Full Name of Mother, Fanny Robinson
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. W. J. Toda M.D.

Address, 115 W Lombard St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

OTHER NAME ADDED 1/13/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WILLIAM CHAPMAN HALL

A 10849

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sunday, March 24th 89
4. *Place of Birth, (Street and Number)* 1325, Lafayette Ave
5. *Full Name of Mother,* Lucy Hall
6. *Mother's Maiden Name,* Lucy Carr
7. *Mother's Birthplace,* A. A. County Md
8. *Full Name of Father,* Frank C. Hall
9. *Father's Occupation,* Real Estate agent
10. *Father's Birthplace,* A. A. County Md

Name of Medical Attendant, or other Person who makes this Return. Elstrelch M.D.

Address, Park Ave & Mulberry St

Remarks, Balto Md

[illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child A. 10858

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 24
4. Place of Birth, (Street and Number) Carroll Baltimore Stafford
5. Full Name of Mother, Annie Banks
6. Mother's Maiden Name, Annie Collins
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, Benjiman Banks
9. Father's Occupation, Jeniuel Labor
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Wicks

Address, Carroll Po Baltimore City

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. A 10557
1.	*Sex, (State whether male or female)*	Boy.
2.	*Race or color, (if not of the white race)*	White.
3.	*Date of Birth,*	24 March
4.	*Place of Birth, (Street and Number)*	2180. Kemp Court.
5.	*Full Name of Mother,*	Maria Blankenfeld
6.	*Mother's Maiden Name,*	Maria Meineken.
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Albert Blankenfeld.
9.	*Father's Occupation,*	Laborer.
10	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return.	Miss J. Liersemann.
	Address,	1225. Howe Street.
	Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child 10852

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 24th
4. Place of Birth, (Street and Number) Carroll Md Stafford St
5. Full Name of Mother, Ella Virginia Johnson
6. Mother's Maiden Name, " " Baker
7. Mother's Birthplace, Carroll Balto County Md
8. Full Name of Father, Edward Johnson
9. Father's Occupation, Gardner
10. Father's Birthplace, Prince George County Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll W.C. Balto. Md.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 10853
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	March the 24th
4. *Place of Birth, (Street and Number)*	Baltimore Battery Av 1136
5. *Full Name of Mother,*	Minne Beck
6. *Mother's Maiden Name,*	Lemon
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Willim Beck
9. *Father's Occupation,*	glass Blower
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Matthews
Address,	Light St cor 15th
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 10854

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24th 1889
4. *Place of Birth, (Street and Number)* 408 Philpot St.
5. *Full Name of Mother,* Katie Sampson
6. *Mother's Maiden Name,* " " Fitzpatrick
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Sampson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell

Address, 1774 Bank St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 1.—And be it further enacted and ordained that a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 10855

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24th 1889
4. *Place of Birth, (Street and Number)* 1735 Eastern ave.
5. *Full Name of Mother,* Melce Bratholt.
6. *Mother's Maiden Name,* " " Bottomfelt.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Bratholt
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 10858

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mch 24 - 89
4. *Place of Birth, (Street and Number)* 729 N Spring
5. *Full Name of Mother,* Emma Cole
6. *Mother's Maiden Name,* Emma Hirth
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Chas H Cole
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. David V Moyer MD

Address, 1200 N Eden St

Remarks, City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10357

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 24th 1889
4. Place of Birth, (Street and Number) # 2418 E. Fayette street.
5. Full Name of Mother, Lillie Gambrell.
6. Mother's Maiden Name, Lillie Harth.
7. Mother's Birthplace, Baltimore City. Maryland.
8. Full Name of Father, Albert Franklin Gambrell.
9. Father's Occupation, Ship-carpenter and joiner.
10. Father's Birthplace, Baltimore City. Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis.

Address, # 235. N. Wheeler Str.

Remarks, Natural delivery.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10855

1. *Sex, (state whether male or female)* Male
2. *Race or Colon, (if not of the white race)* White
3. *Date of Birth,* Mch 24th 1889
4. *Place of Birth, (Street and Number)* 1231 E. Biddle St.
5. *Full Name of Mother,* Christine E. Kenly
6. *Mother's Maiden Name,* Christine E. Schmidt
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Oliver L. Kenly
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return R. G. Watson

Address, 1301 N. Central Ave

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 108379
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 2nd
4. *Place of Birth, (Street and Number)*	412 Myrtle Ave
5. *Full Name of Mother,*	Martha Bell
6. *Mother's Maiden Name,*	" " " Bowyer
7. *Mother's Birthplace,*	Chestertown Md
8. *Full Name of Father,*	George W. Bell.
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	Westminster Carroll county
Name of Medical Attendant, or other person who makes this Return.	Mrs Anne Johnson
Address,	710 Tyson st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 10866

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 20
4. *Place of Birth, (Street and Number)*	909 N. Eutaw st
5. *Full Name of Mother,*	Elizabeth Brown
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Charlottsville Va
8. *Full Name of Father,*	Charles W. Jones
9. *Father's Occupation,*	Janitor
10. *Father's Birthplace,*	Charlottsville
Name of Medical Attendant, or other person who makes this Return.	Mrs Anne Johnson
Address,	710 Tyson st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10861

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 25" 89
4. Place of Birth, (Street and Number) 622 N Fulton Ave (Fulton St.)
5. Full Name of Mother, Kate Hall
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A. 1085 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth* March 25
4. *Place of Birth, (Street and Number)* 902 Sharden court
5. *Full Name of Mother,* Mary Nicols
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* Gallie A Spring
9. *Father's Occupation* Brick yard
10. *Father's Birthplace,* Born in Virginia is your native home

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs

Address, Williams Spriggs

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report of Vital Statistics of the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10563

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth* March 25" 98
4. *Place of Birth, (Street and Number)* 622 N Boulevard W (Hospital)
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. L. L. Veale M.D.

Address, 919 N. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Dover A 10364
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 26
4. *Place of Birth, (Street and Number)*	914 Eutaw st
5. *Full Name of Mother,*	Esther Smith
6. *Mother's Maiden Name,*	nee Ransom
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	Moses Smith
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Brazil S.A
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Wyoman st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1" A 10865

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26" 99
4. *Place of Birth, (Street and Number)* 622 W Lombard St (Hospital)
5. *Full Name of Mother,* Annie Wilson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 314 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) " A 10866

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 27" 99
4. *Place of Birth, (Street and Number)* 632 N Fountain St (Stop pital)
5. *Full Name of Mother,* Annie Green
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M D

Address, 319 N. Monument St

Remarks,

W.I. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd A 10867

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27th
4. Place of Birth, (Street and Number) 1604. Etting St
5. Full Name of Mother, Ida Reuss
6. Mother's Maiden Name, Booton
7. Mother's Birthplace, Balto city
8. Full Name of Father, James Reuss
9. Father's Occupation, janitor
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10368

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 27th
4. *Place of Birth, (Street and Number)*	530 Preston st
5. *Full Name of Mother,*	Rosa Payne
6. *Mother's Maiden Name,*	" " Chandler
7. *Mother's Birthplace,*	Accomack county Virginia
8. *Full Name of Father,*	Clinton Payne
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Frederick co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 10819

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27th
4. Place of Birth, (Street and Number) 1323 Upton st
5. Full Name of Mother, Annie West
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto city
8. Full Name of Father, James West
9. Father's Occupation, Laborer
10. Father's Birthplace, Queen Anns county Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Thoon

Address, 710 Tyson st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Owens

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 10870

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 27th 3:30 P.M. 1889
4. *Place of Birth, (Street and Number)* 1720 E. Baltimore St
5. *Full Name of Mother,* Rosa Clara Isabella Owens
6. *Mother's Maiden Name,* Clara F. Wright
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Richard Owens
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. James C. Downs M.D.

Address, 1701 E. Baltimore St

Remarks, Full name of child – Harrison Macgowan Parsons Owens

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. BRANNY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision the same on a blank schedule, to be furnished by the Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10871

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 27/89
4. *Place of Birth, (Street and Number)* N° 1619 Lancaster St
5. *Full Name of Mother,* Emalie Gutzky
6. *Mother's Maiden Name,* Romei
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Gutzky
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft &c.

Address, N° 405 S. Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 18872

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 28th 1889
4. Place of Birth, (Street and Number) 887 Hollins St.
5. Full Name of Mother, Louisa L. Taylor
6. Mother's Maiden Name, Tessier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene N. Taylor
9. Father's Occupation, Cannaker
10. Father's Birthplace, Prince George's Co. Md

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 10873
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29, 1889.
4. *Place of Birth, (Street and Number)*	2233 Mc. Henry St.
5. *Full Name of Mother,*	G. Young.
6. *Mother's Maiden Name,*	G. Emmins.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ha. F. Young.
9. *Father's Occupation,*	Collector,
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butts
Address,	1245 Monument St. cor Central ave.
Remarks,	All well.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child 1874
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 29th 1889
4. *Place of Birth, (Street and Number)*	33 W Cross St
5. *Full Name of Mother,*	Jennie Gernert
6. *Mother's Maiden Name,*	Jennie Hoffman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Hoffman
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H W Webster
Address,	403 Hanover St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-28-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reuben Clark Kinsley A 18875

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 29th 1889
4. Place of Birth, (Street and Number) No 926 Light st
5. Full Name of Mother, Lolley Kinsley
6. Mother's Maiden Name, Lolley Sherlock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Kinsley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Hornung

Address, No 1517 Byrd st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3A 1875

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 24/59
4. *Place of Birth, (Street and Number)* No 455 S. Castle St.
5. *Full Name of Mother,* Susanna Kane
6. *Mother's Maiden Name,* Holstead
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Kane
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th March
4. Place of Birth, (Street and Number) No. 507 Fredrick ave
5. Full Name of Mother, Rose A Walter
6. Mother's Maiden Name, Rose A Kornman
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, George F Walter
9. Father's Occupation, Sadler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thy March 29th 1889
4. Place of Birth, (Street and Number) No 36 Garrison Lane
5. Full Name of Mother, Caralina Peifer
6. Mother's Maiden Name, Caralina Bahm
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Peifer
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Noll

Address, No 349 Baltimore St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 10879

1. *Sex, (state whether male or female)* girl
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 30 March
4. *Place of Birth, (Street and Number)* 76 Sharpe Road
5. *Full Name of Mother,* Louise Jaeger
6. *Mother's Maiden Name,* Hofsneisler
7. *Mother's Birthplace,* Marzhausen Hessen
8. *Full Name of Father,* Armin Jaeger
9. *Father's Occupation,* Catcher
10. *Father's Birthplace,* Unterwieder Hessen

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 1129 E. Jaeger

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 10880

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 30 1889
4. *Place of Birth, (Street and Number)* Hald st 1427
5. *Full Name of Mother,* Mary Aadchrahas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiemen
8. *Full Name of Father,* Frank Aadchrahas
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Hoptin

Address, N Wastington 205

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30 89
4. Place of Birth, (Street and Number) No 700 Low Lt
5. Full Name of Mother, Kate Eiermann
6. Mother's Maiden Name, Dittmair
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Eiermann
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Warlington Ln.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10882

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30/89
4. Place of Birth, (Street and Number) No 2137 Jefferson Lt.
5. Full Name of Mother, Mary Anthony
6. Mother's Maiden Name, Rupp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Anthony
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington Lo,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Upon whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 10883

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 89
4. *Place of Birth, (Street and Number)* 647 Portland St
5. *Full Name of Mother,* Amelia Zigel
6. *Mother's Maiden Name,* Amelia Beamle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Zigel
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Joseph Blum

Address, 64 Columbia Ave

Remarks,

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30 — 1897
4. *Place of Birth, (Street and Number)* 1425 E. Pratt St.
5. *Full Name of Mother,* Annie John
6. *Mother's Maiden Name,* Zink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob John
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 1427 E. Pratt St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th, A 10265

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30

4. Place of Birth, (Street and Number) Orleans Street 1625

5. Full Name of Mother, Emilie Schaney

6. Mother's Maiden Name, Wiles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leonhard Schaney

9. Father's Occupation, Drug Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, No 528 N. Washington Ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A. 1885

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 31st. 1889, 6 35 A.M.
4. *Place of Birth, (Street and Number)* 26 N Carroline St.
5. *Full Name of Mother,* Julia May McArdle
6. *Mother's Maiden Name,* Julia Riley
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Michael James McArdle
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, James E Donnelly M.D.

Address, 1761 E Baltimore St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* März 31 – 89
4. *Place of Birth, (Street and Number)* Cookie St 1105
5. *Full Name of Mother,* Pauline Walther
6. *Mother's Maiden Name,* Heinze
7. *Mother's Birthplace,* Waldenburg – Sachsen
8. *Full Name of Father,* Hermann Walther
9. *Father's Occupation,* Steuedor
10. *Father's Birthplace,* Altenburg – Altenburg

Name of Medical Attendant, or other person who makes this Return. Johann Jenke

Address, Garrett Ave 1303

Remarks, Locust Point

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12888

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 31st
4. *Place of Birth, (Street and Number)* 303 Monroe st.
5. *Full Name of Mother,* Mary Patten
6. *Mother's Maiden Name,* Lehn
7. *Mother's Birthplace,* York Pa.
8. *Full Name of Father,* James Patten
9. *Father's Occupation,* Car builder
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. SKILLMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 1889

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 812 Burgundy st.
4. Place of Birth, (Street and Number) March 31st.
5. Full Name of Mother, Maria Bräcklein
6. Mother's Maiden Name, " Grimpe
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Bracklein
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. G. L. Biedenbach

Address, 415 S. Paca st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 11790

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 31 1889
4. Place of Birth, (Street and Number) Vassantatt St N 921
5. Full Name of Mother, Mary Linharicht
6. Mother's Maiden Name,
7. Mother's Birthplace, Boheimen
8. Full Name of Father, Aactan Linharicht
9. Father's Occupation, Tolor
10. Father's Birthplace, Boheimen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 1st '89
4. *Place of Birth, (Street and Number)* 129 - 1st St
5. *Full Name of Mother,* Lizzie Exall
6. *Mother's Maiden Name,* Ellery
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* F.P. Exall
9. *Father's Occupation,* Civil Engineer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 1019 Linden Av

Remarks,

...PIET & CO., CITY PRINTERS AND STATIONERS.

...Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 10892

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 1 1889
4. *Place of Birth, (Street and Number)* Chappel st 41
5. *Full Name of Mother,* Eadey Slapton
6. *Mother's Maiden Name,* Eadey Kmurn
7. *Mother's Birthplace,* Bohiennen
8. *Full Name of Father,* Polon Kmurn
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Slopkin

Address, Washington 201

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, for any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st. 1869.
4. *Place of Birth, (Street and Number)*	18½ Mc. elderry Court
5. *Full Name of Mother,*	L. French
6. *Mother's Maiden Name,*	C. Gross.
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Wm. French
9. *Father's Occupation,*	Laborer,
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butt.
Address,	1245 Monument St. cor. Central ave.
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. St. A 10894
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	March of 2. 1889
4. *Place of Birth, (Street and Number)*	402. Lithgow. St.
5. *Full Name of Mother,*	Anna Ungvarsizky.
6. *Mother's Maiden Name,*	Anna Hempa
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Josef P. Ungvarsizky.
9. *Father's Occupation,*	Grinder.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Auguste Boilen.
Address,	927 South. Lithgow. St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d. A. 10895

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* March of 3.
4. *Place of Birth, (Street and Number)* 15. Goulds: Court.
5. *Full Name of Mother,* Anna Muiller.
6. *Mother's Maiden Name,* Anna Gross
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Muiller.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. August Bosien.

Address, 927 South: Sharp St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupations of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 10896

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 31 1889
4. Place of Birth, (Street and Number) Choppet st 418
5. Full Name of Mother, Lina Rhinsmei
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Eade Rhinsmei
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klopfer

Address, Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person in charge or superintendance of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)		8 A 10897
1. *Sex,* (*state whether male or female*)		Female
2. *Race or Color,* (*if not of the white race*)		
3. *Date of Birth,*		March 4/89
4. *Place of Birth,* (*Street and Number*)		No 2202 Eastern Ave
5. *Full Name of Mother,*		Sarah Kelly
6. *Mother's Maiden Name,*		Sumner
7. *Mother's Birthplace,*		Baltimore
8. *Full Name of Father,*		Samuel Kelly
9. *Father's Occupation,*		Laborer
10. *Father's Birthplace,*		New York
Name of Medical Attendant,	or other person who makes this Return.	Mrs Louise Kraft
Address,		No 405 S. Washington Ave.
Remarks,		

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly sigtied by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1" A 10898

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4" 89
4. *Place of Birth, (Street and Number)* 622 N Broadway St (Hospt.)
5. *Full Name of Mother,* Agnola Brown
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nat Brown
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 219 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 10899
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4, 1899.
4. *Place of Birth, (Street and Number)*	1118 Laval St.
5. *Full Name of Mother,*	Mary Peace.
6. *Mother's Maiden Name,*	Mary Richard.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Wm Peace,
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. M. E. Bird
Address,	1245 Monument St. cor. Central av.
Remarks,	Ill. Mail.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 19900
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 5, 1889.
4. *Place of Birth, (Street and Number)*	325 Chestnut.
5. *Full Name of Mother,*	Mary Cole
6. *Mother's Maiden Name,*	Mary Miller.
7. *Mother's Birthplace,*	Africa.
8. *Full Name of Father,*	P. Cole
9. *Father's Occupation,*	Cook.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dr. A. Bates
Address,	1245 Monument St. cor. Central av.
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 1901
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	March 5th 1901
4. *Place of Birth, (Street and Number)*	# 371 S. Monroe St.
5. *Full Name of Mother,*	Anna Seelts.
6. *Mother's Maiden Name,*	" Stivins.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Seelts.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 16902

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5th 89
4. *Place of Birth, (Street and Number)* No 2424 Canton Alley
5. *Full Name of Mother,* Estella Waechter
6. *Mother's Maiden Name,* Deker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Waechter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 10903

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 — 1889
4. *Place of Birth, (Street and Number)* 316 S Caroline St.
5. *Full Name of Mother,* Johanna Blessing
6. *Mother's Maiden Name,* Lechner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John. Blessing
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2A 19014

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6/89
4. *Place of Birth, (Street and Number)* No 225 S. Caroline St
5. *Full Name of Mother,* Maggie Lohmidt
6. *Mother's Maiden Name,* Cantz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Schmidt
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8" 89
4. *Place of Birth, (Street and Number)* 627 W. Lombard St (Hosp't)
5. *Full Name of Mother,* Jennie Roberts
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10908

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 – 1889
4. *Place of Birth, (Street and Number)* No. 9. S. Central Ave
5. *Full Name of Mother,* Maggie Cooper
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elliott Cooper
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1727 E. Orath St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1057

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8" 89
4. *Place of Birth, (Street and Number)* 622 N Fremont St (Hospt)
5. *Full Name of Mother,* Eliza Hooper
6. *Mother's Maiden Name,* Not Known
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 1-10-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATE E.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 1908

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* No 719 S. Bond St.
4. *Place of Birth, (Street and Number)* March 9 1889
5. *Full Name of Mother,* Martha Bormann
6. *Mother's Maiden Name,* Braun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Bormann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Ave.

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9/89
4. Place of Birth, (Street and Number) No 104 Duncan Alley
5. Full Name of Mother, Barbara Dimling
6. Mother's Maiden Name, Mesmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Dimling
9. Father's Occupation, Labrer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Ave.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10910.

A ~~10911~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 9th 1889
4. Place of Birth, (Street and Number) 590 Richland St.
5. Full Name of Mother, Caroline Voit
6. Mother's Maiden Name. Hahn
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Voit
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. W. Nebenzahl M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10911.

A ~~10911~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 March
4. *Place of Birth, (Street and Number)* 921 Sharp Street
5. *Full Name of Mother,* Merj Wal
6. *Mother's Maiden Name,* Merj Kruse
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emil Wal
9. *Father's Occupation,* Tehler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien

Address, 947 S. Sharp Ste

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10912

A 1873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 9th 89
4. Place of Birth, (Street and Number) 622 N Fountain Ave (Hospt.)
5. Full Name of Mother, Rebecca Monroe
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10913

A ~~10914~~

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) the sixth child

1. *Sex,* (*State whether male or female*) female
2. *Race or color,* (*if not of the white race*) Colored
3. *Date of Birth,* 10 of March 1889
4. *Place of Birth,* (*Street and Number*) 1618 Etting Street
5. *Full Name of Mother,* Nannie Hazelton
6. *Mother's Maiden Name,* Nannie Griffin
7. *Mother's Birthplace,* Queen Anns County Maryland
8. *Full Name of Father,* William Stantley Hazelton
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Queen Anns County Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 509 W. Preston Street

Remarks,

Baltimore under whose charge is [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 10914 ~~11915~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 10th 1889
4. *Place of Birth, (Street and Number)* 1028 Milton Place
5. *Full Name of Mother* Annie Fahey
6. *Mother's Maiden Name* Fahey
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Joseph Donnelly
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 701 N Carrollton Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1095

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	March the 10
4. *Place of Birth, (Street and Number)*	Baltimore Hughes St 2.23
5. *Full Name of Mother,*	Mary E trexler
6. *Moiher's Maiden Name,*	Sanside
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	peter trexler
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hattaway
Address,	light St No 1614
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10916

A 11917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 10 March
4. Place of Birth, (Street and Number) 1149 Low St
5. Full Name of Mother, Barbara Cohen
6. Mother's Maiden Name, Oppenheimer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Isaac Cohen
9. Father's Occupation, Second hand store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Miller

Address, 802 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

10917

A ~~11917~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 10. 1889
4. *Place of Birth, (Street and Number)* 1312 N. Fremont Ave
5. *Full Name of Mother* Lula Chalmers
6. *Mother's Maiden Name* Lula Simering
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Charles Chalmers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Z. K. Wiley Md.

Address 724 N. Carey St. City.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10918
~~10919~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* A femail
2. *Race or Color (if not of the white race),* Color
3. *Date of Birth,* March th 10-18 19.
4. *Place of Birth (Street and Number),* No. ~~44~~ 504 orchard street
5. *Full Name of Mother,* - Atie white
6. *Mother's Maiden Name,* Atie Barney
7. *Mother's Birthplace,* Saint marys Co. M.d.
8. *Full Name of Father,* Carley white
9. *Father's Occupation,* driver of coal cart
10. *Father's Birthplace,* Saint marys Co. M.d.

Name of Medical Attendant, or other person who makes this Return. Mrs. ~~[illegible]~~ francis walker

Address, 643 wine street

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10919

A 10929

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 10 1889
4. *Place of Birth, (Street and Number)* Dunham at 810
5. *Full Name of Mother,* Mont Cuzzini
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Frank Eduard
9. *Father's Occupation,* Boheimen
10. *Father's Birthplace,* Talor

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hopkins Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10920

A ~~10921~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10 of March
4. *Place of Birth, (Street and Number)* 1131 Wilmore Alley
5. *Full Name of Mother,* Lanara Myers.
6. *Mother's Maiden Name,* " " " Miller
7. *Mother's Birthplace,* Balto M D
8. *Full Name of Father,* Thomas Myers ~~Waitr~~
9. *Father's Occupation,* Waitr ~~Balto city~~
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 710 Tyson St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10921
A ~~10922~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10 1889
4. Place of Birth, (Street and Number) No 621 Duncan st
5. Full Name of Mother, Mary Donges
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Donges
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Koplin 7 Washington st 285

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. ~~10923~~ 10922

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of Marty
4. *Place of Birth, (Street and Number)* 22 Leman Str. West End
5. *Full Name of Mother,* Susane Robinson
6. *Mother's Maiden Name,* Susane Parger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Robinson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10923
10924

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth — A

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 89
4. Place of Birth, (Street and Number) 935 Wordyear st
5. Full Name of Mother, Annie S. Gordridge
6. Mother's Maiden Name, Annie S. Hahl
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George H. Gordridge
9. Father's Occupation, Laborer at Frt Clerk B & O. R.R.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, M. J. Lenard

Address, 939 Wordyear st

Remarks, Nice healthy baby (not named)

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall occur, shall be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10924

A ~~10925~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	March 10th / 87
4. Place of Birth, (Street and Number)	#37 S. Arlington Ave
5. Full Name of Mother,	Louisa W. Schwalenberg
6. Mother's Maiden Name,	" " " Kleinstück
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Martin H. Schwalenberg.
9. Father's Occupation,	Bailer. Baker
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11 — 1889
4. *Place of Birth, (Street and Number)* 2805 E. Fayette St.
5. *Full Name of Mother,* Alice A. Hanson
6. *Mother's Maiden Name,* Pierson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Hanson
9. *Father's Occupation,* Cane-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Fratt St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) boy A 10924

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 1888
4. Place of Birth, (Street and Number) 419 Duncan al
5. Full Name of Mother, Amy Zahranic
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Schaidecka
9. Father's Occupation, Tailer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hospital Washington 20

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 10927

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 11th
4. Place of Birth, (Street and Number) 115 W. Lombard str
5. Full Name of Mother, Anna Herzling
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. V. Wendel M.D.

Address, 115 W. Lombard str.

Remarks,

HEALTH DEPARTMENT, APR 1 1899 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh A 10928

1. Sex, (state whether male or female) THOMAS TENANT BURGAN Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 89
4. Place of Birth, (Street and Number) 422 N. Wolfe St
5. Full Name of Mother, Florence M. Burgan
6. Mother's Maiden Name, " " Getzendanner
7. Mother's Birthplace, Md
8. Full Name of Father, Chas. M. Burgan
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 W. Lanvale St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. A. 10929

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) African (Black)
3. Date of Birth, March 11th 1889.
4. Place of Birth, (Street and Number) #218. N. Bradford Alley.
5. Full Name of Mother, Mary Ann Pinder.
6. Mother's Maiden Name, Mary Ann Morris.
7. Mother's Birthplace, Beckwith Neck, Dorchester County, Maryland.
8. Full Name of Father, Moses Pinder.
9. Father's Occupation, Laborer.
10. Father's Birthplace, New Market, Dorchester County, Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis,

Address, #235. N. Chester St.

Remarks, Natural delivery.

SECTION 7.—And be it further ordained, That every birth shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10930

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 of March
4. *Place of Birth, (Street and Number)*	306 Forest St.
5. *Full Name of Mother,*	Mary Müller
6. *Mother's Maiden Name,*	Mary Gruszenskij
7. *Mother's Birthplace,*	Pole.
8. *Full Name of Father,*	August Müller
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Reuter Midwife
Address,	2116 West Pratt
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every one under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 A. 10931
1. *Sex, (state whether male or female)*	
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	11th of March
4. *Place of Birth, (Street and Number)*	No 1701 S Charles St
5. *Full Name of Mother,*	Catharine Becker
6. *Mother's Maiden Name,*	Ca. Koch
7. *Mother's Birthplace,*	Germania
8. *Full Name of Father,*	Friederich Becker
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return.	Catherine Minnich
Address,	800 Leadenhall Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10932

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1889
4. *Place of Birth, (Street and Number)* Lemon st 327
5. *Full Name of Mother,* Annie Burns
6. *Mother's Maiden Name,* Annie Murrahn
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 10933

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 11th March 1889
4. *Place of Birth, (Street and Number)* 1157 Johnson St
5. *Full Name of Mother,* Mary L Perkins
6. *Mother's Maiden Name,* Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Perkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 10934

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 11th
4. *Place of Birth (Street and Number),* #509 Ottobein St.
5. *Full Name of Mother,* Margaret Elmhorst.
6. *Mother's Maiden Name,* Lang.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Frederick Elmhorst.
9. *Father's Occupation,* Harness-maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, N.E. Cor. Columbia & Fremont Aves

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10930

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th March
4. *Place of Birth, (Street and Number)* Patapsco St. 1404
5. *Full Name of Mother,* Magdalean Williamson
6. *Mother's Maiden Name,* Magdalean Gruber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James Williamson
9. *Father's Occupation,* Foundry Wagon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Catherine Minnick

Address, 800 Leadenhall Street.

Remarks,

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the forfeiture of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A 10936

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 11th 1889
4. Place of Birth, (Street and Number) 813 S. High st.
5. Full Name of Mother, Amanda Schneider
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Schneider
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1. And be it further enacted, that every birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 10987
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	~~Male~~
3. *Date of Birth,*	March 12 E
4. *Place of Birth, (Street and Number)*	14 W. Lombard ste.
5. *Full Name of Mother,*	Gitty White
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	A. N. Wendell M. D.
Address,	145 W. Lombard ste.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth A. 11,958
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1889
4. *Place of Birth, (Street and Number)*	1331 Hillyard Dr
5. *Full Name of Mother,*	Martha A. Patterson
6. *Mother's Maiden Name,*	Martha A. Bunce
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Gibson Patterson
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	R. G. Hatton
Address,	1301 N. Central Ave
Remarks,	

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 10939

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12 1889
4. *Place of Birth, (Street and Number)* Dunnham st 928
5. *Full Name of Mother,* Mary Varva
6. *Mother's Maiden Name,* Mary Kolithov
7. *Mother's Birthplace,* Bohiemen
8. *Full Name of Father,* Joseph Varva
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Washington 205

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 10940

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 12th March 1889
4. *Place of Birth, (Street and Number)* 514 Fort Ave
5. *Full Name of Mother,* Bridget McCarthy
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Cunningham
9. *Father's Occupation,* Oiler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

Baltimore under whose charge or superintendence is the same, register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11941

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 12 1887

4. *Place of Birth, (Street and Number)* 937 S. Hanover St

5. *Full Name of Mother,* Florence L Nichols

6. *Mother's Maiden Name,* Beck

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Jacob Nichols

9. *Father's Occupation,* Coal Trader

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return C. H. Thomas M. D.

Address, 1006 E Baltimore St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. A 10942
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	March. 12.
4. *Place of Birth, (Street and Number)*	939 Lemon St.
5. *Full Name of Mother,*	Dorothea Becker.
6. *Mother's Maiden Name,*	Dorothea Lutze.
7. *Mother's Birthplace,*	Germania
8. *Full Name of Father,*	Edward Becker.
9. *Father's Occupation,*	Shoemaker.
10. *Father's Birthplace,*	Germania.
Name of Medical Attendant, or other person who makes this Return.	Mrs. C. Diebach
Address,	735. W. Pratt st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 — A. 10943
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th of March
4. *Place of Birth, (Street and Number)*	#916 Light st
5. *Full Name of Mother,*	Mary Virginia Lang
6. *Mother's Maiden Name,*	Mary Virginia Coburn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Edward Lang
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katie Mench
Address,	#800 Leadenhall st
Remarks,	

register ... Health. This schedule ... month, and shall set forth as ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10944

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 March 1889.
4. Place of Birth, (Street and Number) 1009 Begundy st
5. Full Name of Mother, Elizabeth Kuhlow
6. Mother's Maiden Name, Elizabeth Witzgall
7. Mother's Birthplace, Chemnitz Sahasen Germania
8. Full Name of Father, Asmus Hinrich Carl Kuhlow
9. Father's Occupation, Tinner
10. Father's Birthplace, Lübeck Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Cross St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ndance upon the mother, immediately thereafter it shall become the duty of the person or per
d to report its birth to the Commissioner of Health, in the manner and within the period above re
such person or persons who shall hereafter fail to comply with the provisions of this section
ed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are

To the Office of Registrar of [illegible] Statistic[illegible] [illegible]ealth, Baltimore City.

A 10950 109

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colour
3. Date of Birth, 12 march
4. Place of Birth, (Street and Number) 337 Biddel Alley
5. Full Name of Mother, mary Boone
6. Mother's Maiden Name, " " Riggs
7. Mother's Birthplace, Frederick M D
8. Full Name of Father, James Boone
9. Father's Occupation, Labur
10. Father's Birthplace, 4 Balto city

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johnson

Address, 110 Tyson st

Remarks,

Missing #A10945 - #A10949, incl.

ndance upon the mother, immediately thereafter. It shall become the duty of the person or pare
d to report its birth to the Commissioner of Health, in the manner and within the period above req
such person or persons who shall hereafter fail to comply with the provisions of this section sha
ed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are re

To the Office of Registrar of [illegible] Statistics [illegible] Health, Baltimore City.

A 10950

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 march
4. Place of Birth, (Street and Number) 339 Biddel Alley
5. Full Name of Mother, Mary Boone
6. Mother's Maiden Name, ... Riggs
7. Mother's Birthplace, Fredrick MD
8. Full Name of Father, James Boone
9. Father's Occupation, Labur
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 910 Tyson st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 A[illegible]
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 12/89
4. *Place of Birth, (Street and Number)*	No 1518 Thames St.
5. *Full Name of Mother,*	Kate Gottschalk
6. *Mother's Maiden Name,*	Krieglstein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Haver Gottschalk
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable

on the mother, immediately thereafter. It shall become the duty of the person or parents of such

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 13 of March
4. Place of Birth, (Street and Number) 644 Oxford Street
5. Full Name of Mother, Sarah Booze
6. Mother's Maiden Name, Sarah Cuney
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Walter Booze
9. Father's Occupation, Laboring
10. Father's Birthplace, Burrington Virginia

Name of Medical Attendant, or other person who makes this Return. Hester Botance

Address, 609 Preston Street

Remarks,

The attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1095

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 13, 89
4. *Place of Birth, (Street and Number)* 915 N. Dallas St.
5. *Full Name of Mother,* Annie Sewich
6. *Mother's Maiden Name,* Walker
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Thos Sewich
9. *Father's Occupation,* Clothing Trimmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto Md

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child A 1092
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	March 13th 1891
4. Place of Birth, (Street and Number)	# 325 Bruce St
5. Full Name of Mother,	July Griffin
6. Mother's Maiden Name,	" " Fitzgevalla.
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Martin Griffin.
9. Father's Occupation,	Police Officer.
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 106 S. Monroe St.
Remarks,	

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10955.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child A. 10955

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1889
4. Place of Birth, (Street and Number) S. Castle St No 404
5. Full Name of Mother, Mary Repp
6. Mother's Maiden Name, Mary Stumpner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Leonhardt Repp
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10956

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child A 10900

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 13 1889
4. *Place of Birth, (Street and Number)* Orleans St No 1707
5. *Full Name of Mother,* Rossele Murray
6. *Mother's Maiden Name,* Rossele Brisca
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Murray
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, N. Dallas St No 114

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

A. 10957

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13" 89
4. *Place of Birth, (Street and Number)* 627 W Lombard St (Hospt.)
5. *Full Name of Mother,* Clara Hall
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Peale M.D.

Address, 319 W. Monument St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2A. 11958

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13/89
4. Place of Birth, (Street and Number) No 321 S. Eden St
5. Full Name of Mother, Maggie Hartmann
6. Mother's Maiden Name, Wise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hartmann
9. Father's Occupation, Barbier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered &c.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 13th 1889
4. Place of Birth, (Street and Number) 216 Slemmers Al.
5. Full Name of Mother, Thresa Levessy
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Ned Levessy
9. Father's Occupation, Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs C Bernstein

Address, 122 S. Exeter st.

Remarks,

Child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10960

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of March
4. *Place of Birth, (Street and Number)*	313 Forest Ave.
5. *Full Name of Mother,*	Margaretha Büchel
6. *Mother's Maiden Name,*	Margaretha Spindler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Büchel
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederieke Bauler midwife
Address,	216 West Pratt
Remarks,	

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 10961

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 13th March
4. Place of Birth, (Street and Number) No. 14 E. Washington St.
5. Full Name of Mother, Lillie L. Roberts
6. Mother's Maiden Name, Lillie L. Della
7. Mother's Birthplace, Alexandria Va.
8. Full Name of Father, John T. Roberts
9. Father's Occupation, Oyster Captain
10. Father's Birthplace, Eastern shore Maryland

Name of Medical Attendant, or other person who makes this Return. Josafin Krueger

Address, No 2321 E. Fayette St.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1A 10962

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14/89
4. *Place of Birth, (Street and Number)* No 2021 Pleasant Aly
5. *Full Name of Mother,* Lisbeth Trager
6. *Mother's Maiden Name,* Clock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Reinhold Trager
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kruft.

Address, No 405 S. Washington St.

Remarks,

child to report its birth to the Commissioner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 14" 89
4. *Place of Birth, (Street and Number)* 622 W. Lombard St. (Hospital)
5. *Full Name of Mother,* Annie Thomas
6. *Mother's Maiden Name,* Not Known
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 219 N. Monument St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10964

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14 March 1889
4. *Place of Birth, (Street and Number)* 406 Park aven
5. *Full Name of Mother,* Bertha Reynardt
6. *Mother's Maiden Name,* " Jaeger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J Fredk Reynardt
9. *Father's Occupation,* atty at Law
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson

Address, 2101 Maryland aven

Remarks, Chloroform

Certificate between the first and third day of each Registrar, Mother, Physician or practitioner of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	14 March
4. Place of Birth, (Street and Number)	111 Lee street
5. Full Name of Mother,	Hattie White
6. Mother's Maiden Name,	Gueter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William White
9. Father's Occupation,	Grocery
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1022 Granby street
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 10966

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, march the 14
4. Place of Birth, (Street and Number) Baltimore 232 Lemmon st
5. Full Name of Mother, Minty Gray
6. Mother's Maiden Name, Minty Jones
7. Mother's Birthplace, Calvert Cnty
8. Full Name of Father, Edward Gray
9. Father's Occupation, Rod Carer
10. Father's Birthplace, Calvert Cnty
11. Name of Medical Attendant, or other person who makes this Return. Sarah Rawlings
12. Address, #1610 Vincent alley
13. Remarks,

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0. *of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st first child 1967

1. *Sex,* (*State whether male or female*) male

2. *Race or color,* (*if not of the white race*) colored

3. *Date of Birth,* 14 of March 1889

4. *Place of Birth,* (*Street and Number*) 1305 Riggs Avenue

5. *Full Name of Mother,* Nellie Boston

6. *Mother's Maiden Name,* Nellie Dorsey

7. *Mother's Birthplace,* Spender Wells Montgomery

8. *Full Name of Father,* James Boston

9. *Father's Occupation,* laboring

10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Cotanice

Address, 509 Preston St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the five of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Boy A 11968

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 1899
4. *Place of Birth, (Street and Number)* 1903 Jefferson st
5. *Full Name of Mother,* Antonieta Stubei
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Joseph Dutra
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Hospital Washington co

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 10969

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1889
4. Place of Birth, (Street and Number) S. Spring St No 316
5. Full Name of Mother, Louisa Schiefer
6. Mother's Maiden Name, Louisa Renn
7. Mother's Birthplace, Freetz Prussia Germany
8. Full Name of Father, George Schiefer
9. Father's Occupation, Locksmith
10. Father's Birthplace, Essen Prussia

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

Send to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 Child A 10970

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, 19 March
4. Place of Birth (Street and Number), No 157 New St
5. Full Name of Mother, May Brown
6. Mother's Maiden Name, May Preston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Brown
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles Co Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Sadler

Address, No 4 15 New St

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d A. 10971

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 de March
4. Place of Birth, (Street and Number) 83 Heath st
5. Full Name of Mother, Mary Tankers
6. Mother's Maiden Name, Mary Colter
7. Mother's Birthplace, Ballimor
8. Full Name of Father, Albert Tankers
9. Father's Occupation, Saber
10. Father's Birthplace, Ballimor

Name of Medical Attendant, or other person who makes this Return. Auguste Bofion

Address, 927 L Sharp Str

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 10972

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21st 1889
4. Place of Birth, (Street and Number) 1026 n Ann st
5. Full Name of Mother, Louisa Schindler
6. Mother's Maiden Name, Appel
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos Schindler
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs W Wannel Midwife

Address, 923 Penna ave

Remarks,

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A. 10973

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1889
4. Place of Birth, (Street and Number) S. High St No 400
5. Full Name of Mother, Louisa Williams
6. Mother's Maiden Name, Louisa White
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

Child to report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

1. Sex, Male No. of Child of Mother 2nd

2. Race or Color, White A 10974

3. Date, March 24th

4. Place of Birth, Parkinst 208

5. Full Name of Mother, Susie Parks

6. Mother's Maiden Name, Susie Hane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Parks

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Mrs Mary Harigan

412 Scott St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Elizabeth Herbig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th and 8th Twinns A 10975

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1889

4. Place of Birth, (Street and Number) Baltimore City, Hallman Alley 324

5. Full Name of Mother, Mary Elizabeth ~~Rieker~~ Herbig

6. Mother's Maiden Name, Mary Elizabeth Rieker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Matthias Herbig

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs W. Waenel Midwife

Address, 943 Penna ave

Remarks, GIVEN NAME ADDED 2-26-54 L.M.

Any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10976

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch. 25 1889
4. *Place of Birth, (Street and Number)* 1816 Division
5. *Full Name of Mother,* Ida Coon
6. *Mother's Maiden Name,* Hayes
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Alf. Coon
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return — Henry Chandlee MD,

Address, 1019 Linden Ave

Remarks,

...the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...STERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A 10977

Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1889

4. Place of Birth, (Street and Number) N. Washington St No 520

5. Full Name of Mother, Josephine Lurz

6. Mother's Maiden Name, Josephina Schroeder

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Adam Lurz

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. MILANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th Child A 1977

Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25 th 1899

4. Place of Birth, (Street and Number) N. Washington St No 520

5. Full Name of Mother, Josephina Lurz

6. Mother's Maiden Name, Josephina Schroeder

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Adam Lurz

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth A 10978

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 26th

4. *Place of Birth, (Street and Number)* 578 Union st

5. *Full Name of Mother,* Louise Richter

6. *Mother's Maiden Name,* Louise Buch

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frederich William Richter

9. *Father's Occupation,* Hater

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 E A 10979

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 March 1889
4. Place of Birth, (Street and Number) 918 Bevan st
5. Full Name of Mother, Catarina Fritz
6. Mother's Maiden Name, Catarina Siegle
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Fritz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bozien

Address, 927 S. Sharp st

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child. A 10980

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 29 Maerz 1889.
4. Place of Birth, (Street and Number) Garrett Ave No. 1452 L.P.
5. Full Name of Mother, Babetha Paulus.
6. Mother's Maiden Name, Babetha Doetsch
7. Mother's Birthplace, Bamberg Germany
8. Full Name of Father, Michl Paulus.
9. Father's Occupation, Leber.
10. Father's Birthplace, Neustadt a/C. Germany.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Schaeffler.

Address, Fort Ave No. 1708 L. Point.

Remarks, Baltimore Md.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

Missing # A 10981

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A 10987
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 30/89
4. Place of Birth (Street and Number),	No. 5 N. Broadway
5. Full Name of Mother,	Emma Abendschein
6. Mother's Maiden Name,	n Edelen
7. Mother's Birthplace,	Balto. city
8. Full Name of Father,	H. S. Abendschein
9. Father's Occupation,	Dentist
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

who shall neglect or fail to comply with the provisions for each offence, to be recovered as other fines and forfeitures are recoverable.

Ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child. A 10963
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 30 1889
4. Place of Birth, (Street and Number)	923 Charles St.
5. Full Name of Mother,	Lalia Hill.
6. Mother's Maiden Name,	Julia Dean
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Hill.
9. Father's Occupation,	Well digger
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Casley
Address,	213. E. Heath St
Remarks,	Doing Well

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 109814

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth March 30 - 1909

4. Place of Birth (Street and Number) 1413 Boulden alley

5. Full Name of Mother

6. Mother's Maiden Name Henrietta Hill

7. Mother's Birthplace Maryland

8. Full Name of Father Charles Gray

9. Father's Occupation Waiter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett, M.D.

Address 550 Madison St

Remarks The child is illegitimate.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 10985

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), Irish
3. Date of Birth, March 30th '89
4. Place of Birth (Street and Number), 719 Bureu St.
5. Full Name of Mother, Winnefred Farrow
6. Mother's Maiden Name, " Toger
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Farrow
9. Father's Occupation, Letter-Carrier
10. Father's Birthplace, Ireland

Name of Medical Attendant or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 10986
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 2nd 89
4. Place of Birth (Street and Number),	1624 E Chase
5. Full Name of Mother,	Minnie K Billinger
6. Mother's Maiden Name,	Wilcox
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	J B K Billinger
9. Father's Occupation,	Lawyer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	(M. B. Billinger)
Address,	1206 E Fenton St
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st " A. 10987

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Negro

3. Date of Birth, March 4th '89

4. Place of Birth (Street and Number), 1035 Park ave.

5. Full Name of Mother, Julia Burton

6. Mother's Maiden Name, " Muschenean

7. Mother's Birthplace, Virginia

8. Full Name of Father, Albert Burton

9. Father's Occupation, Waiter

10. Father's Birthplace, Va "

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, " 424 N. Greene St.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 10988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colard Race

Date of Birth, March 6th 1888

Place of Birth, (Street and Number) 1418 Jefferson St Baltimore, Md

Full Name of Mother, Louisa Key

Mother's Maiden Name, Louisa Smith

Mother's Birthplace, Richmond County Va

Full Name of Father, Noble H Key

Father's Occupation, Cook and Steward

Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Russell Russell

Address, 153, East St Baltimore Maryland

Remarks, Mother Jorden attendant

ER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10979

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 8th '89
4. Place of Birth (Street and Number), 538 W. Franklin
5. Full Name of Mother, Margaret Cole
6. Mother's Maiden Name, " Rea
7. Mother's Birthplace, Scotland
8. Full Name of Father, Wm C. Cole
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A 10990

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colo

3. Date of Birth, Mch 11 1889

4. Place of Birth, (Street and Number) 208 Camel alley

5. Full Name of Mother, Jennie Johnson : father Thos Wellington

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va

8. Full Name of Father, Thos Wellington -

9. Father's Occupation, cook -

10. Mother's Birthplace, Cuba -

Name of Medical Attendant, or other Person who makes this Return Delia Steward

Address, 208 Camel alley

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 10991
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 12 89
4. Place of Birth (Street and Number),	704 E Monument
5. Full Name of Mother,	Ida Wahler
6. Mother's Maiden Name,	Mann
7. Mother's Birthplace,	Carroll Co Ind
8. Full Name of Father,	Frank Wahler
9. Father's Occupation,	R.R Bookman
10. Father's Birthplace,	Carroll Co Ind
Name of Medical Attendant, or other person who makes this Return.	Dr B Billingslea MD
Address,	1206 E Preston St
Remarks,	

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 10992

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1889
4. Place of Birth, (Street and Number) #618 Ensor St
5. Full Name of Mother, Annie Beever
6. Mother's Maiden Name, White
7. Mother's Birthplace, New York
8. Full Name of Father, John R. Beever
9. Father's Occupation, Hardware & Harness
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10993

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 21st 1889

4. *Place of Birth, (Street and Number)* #1638 E. Eager St.

5. *Full Name of Mother,* Kate Langmantel

6. *Mother's Maiden Name,* " Lesse

7. *Mother's Birthplace,* Balto. Co. Md.

8. *Full Name of Father,* John Langmantel

9. *Father's Occupation,* Clothing Cutter

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Killegeist

Address, #1038 E. Monument St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10994

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21st 1889

4. Place of Birth, (Street and Number) #1042 N. Gay St.

5. Full Name of Mother, Emma Edell.

6. Mother's Maiden Name, Culver

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Geo. H. Edell.

9. Father's Occupation, Clothing Trimmer,

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Sulleant

Address, #1038 E. Monument St.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Child A 10995

Sex, (State whether male or female) Female.

2. Race or color, (if not of the white race) White.

3. Date of Birth, 23d March 1889

4. Place of Birth, (Street and Number) 220 Barney St.

5. Full Name of Mother, Gussie Weslein

6. Mother's Maiden Name, Gussie Setter

7. Mother's Birthplace, Germany

8. Full Name of Father, William Weslein

9. Father's Occupation, Laborer

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. M. R. O'Leary

Address, 213 S. Healy St.

Remarks, Doing Well.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 10996
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	March 29th 1889
4. Place of Birth, (Street and Number)	South ~~Durham~~ Bethel
5. Full Name of Mother,	Lucy Bradford
6. Mother's Maiden Name,	Hughes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Bradford
9. Father's Occupation,	Driver
Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	Mrs Hannah Knowles
Address,	1829 E Pratt St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

22nd Ward

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11997

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Surviving

Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth. March 12 1888

4. Place of Birth, (Street and Number) Guilford Place, N. S. Stulls,

5. Full Name of Mother, Theresa Johnston

6. Mother's Maiden Name, Theresa Westring

7. Mother's Birthplace, Holland

8. Full Name of Father, John Johnston

9. Father's Occupation, Gardner

Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return. Dr. Hart

Address, 1187 York road

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A 10998

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1889
4. *Place of Birth, (Street and Number)* 1311 E. Eager St.
5. *Full Name of Mother,* Carrie Severn
6. *Mother's Maiden Name,* Buddenbohn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Severn
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. W. Seldner M.D.

Address, 1 E for Caroline & Eager St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 10979

Sex, (State whether male or female) Female — Golda

2. Race or color, (if not of the white race) White

3. Date of Birth, March 2d 1889

4. Place of Birth, (Street and Number) N. Exeter street N 285

5. Full Name of Mother, Ida Wiman

6. Mother's Maiden Name, Ida Jabensky

7. Mother's Birthplace, Russia

8. Full Name of Father, Same Wiman

9. Father's Occupation, Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schesman

Address, N Bemarle st N 103.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11000

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2d 1889
4. Place of Birth, (Street and Number) Cor. Bond & Orleans Sts
5. Full Name of Mother, Maggie Bamm.
6. Mother's Maiden Name, Maggie Schisler
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Jno Bamm
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return S. N. Fox Duncan M.D.

Address, 1812 E. Balto St.

Remarks,

KERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11001

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* Mch 3d 1889
4. *Place of Birth, (Street and Number)* 1206 Hoffman St.
5. *Full Name of Mother.* Maggie Seward
6. *Mother's Maiden Name,* Maggie Owens
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father.* Wm Seward
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return P. V. Hoffman M.D.

Address. 1812 E Balto St.

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First — A. 11002
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1889
4. Place of Birth (Street and Number)	1409 Union Aly
5. Full Name of Mother	Annie Riley
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Not given
9. Father's Occupation	" "
10. Father's Birthplace	" "
Name of Medical Attendant, or other Person who makes this Return.	M. Winsey M.D.
Address	1220 E. Fayette St

Remarks Called in after Midwife. Delivered with Forceps

Uterus Inertia after Delivery & Post. Portion Hemorrhage

Labor unduly prolonged. Child very weak when born. Good recovery by mother

GIVEN NAME ADDED 12-30-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mollie Miller

A. 11003

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 7th. 1889
4. Place of Birth, (Street and Number) 408 Pearl Street
5. Full Name of Mother, Mrs Bertha Miller
6. Mother's Maiden Name, Bertha Bear
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Joseph Miller
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Ansler

Address, 217 Schroeder St.

Remarks,

ject to the line of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11004

1. Sex, (State whether male or female) Female Fannia
2. Race or color, (if not of the white race) White
3. Date of Birth, March 8th 1889.
4. Place of Birth, (Street and Number) Hanson street #121.
5. Full Name of Mother, Rebbecca Berngart.
6. Mother's Maiden Name, Rebbecca Sorokin
7. Mother's Birthplace, Russia.
8. Full Name of Father, Himan Berngart.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

jected to the line of ten (10) dollars for each offence, to be recovered as other ... and ... are ...

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 11005

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1889
4. *Place of Birth, (Street and Number)* 815 Madison Ave
5. *Full Name of Mother,* Emma L. Bourman
6. *Mother's Maiden Name,* Cotting
7. *Mother's Birthplace,* Boston
8. *Full Name of Father,* James W. Bourman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Portsmouth Va
11. *Name of Medical Attendant,* or other Person who makes this Return. S. W. Seldner M.D.

Address, S. E. Cor. Caroline & Bayerstle

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11005

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 10 1899
4. Place of Birth (Street and Number),	1823 N. Caroline st.
5. Full Name of Mother,	Lydia H. Schmidt
6. Mother's Maiden Name,	" " Lees.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William H. Schmidt
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	208 Aisquith st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 11117
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 10 1889
4. Place of Birth (Street and Number),	20 S. Fremont Av.
5. Full Name of Mother,	Rose L. Haas.
6. Mother's Maiden Name,	" " Isnif
7. Mother's Birthplace,	Hessen Darmstadt Germany
8. Full Name of Father,	Leopold Haas.
9. Father's Occupation,	Liquor Dealer
10. Father's Birthplace,	Baden. Germany
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	208 Aisquith-St.
Remarks,	

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A. 11008

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1889
4. *Place of Birth, (Street and Number)* 1202 Holbrook St
5. *Full Name of Mother,* Catherine Bitter
6. *Mother's Maiden Name,* Henkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Bitter
9. *Father's Occupation,* Coppersmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. S W Seldner M D

Address, S E Cor Carolina & Eager Sts

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 11009

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 1889
4. Place of Birth, (Street and Number) Balto Md No 233 N Gilmore
5. Full Name of Mother, Zenetia Lambie
6. Mother's Maiden Name, McKay
7. Mother's Birthplace, Balto Md
8. Full Name of Father, W B Lambie
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto Md
11. Name of Medical Attendant, or other person who makes this Return. Mrs L Lambie.

Address, 217 Schroeder St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 11010

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1889
4. *Place of Birth, (Street and Number)* 1025 N Caroline St
5. *Full Name of Mother,* Belle F Bonnett
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph A Bonnett
9. *Father's Occupation,* Student of Medicine
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner M.D.

Address, S E Cor Caroline & Eager Sts

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis Clements Schwartz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sun A 11011

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1889
4. Place of Birth, (Street and Number) 1427 E Eager St
5. Full Name of Mother, Mary C Schwartz
6. Mother's Maiden Name, Dauenhauer
7. Mother's Birthplace, Memphis
8. Full Name of Father, William H Schwartz
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. S H Seldner M D

Address, S E Cor Caroline & Eager Sts

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11012

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, March 11th 1889

4. Place of Birth, (Street and Number) 1520 Cherry.

5. Full Name of Mother, Annie Theresa Hurst

6. Mother's Maiden Name, Annie Theresa Piercy

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles Christopher Hurst

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Meyer M.D.

Address, 953 N. Gay st.

Remarks, 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 11013
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Brown-Skin
Date of Birth,	Thursday march 11th
Place of Birth, (Street and Number)	Waesche Street No. 196.
Full Name of Mother,	Annie James Hamer
Mother's Maiden Name,	Annie James Mauzy
Mother's Birthplace,	Charlottsville Virginia.
Full Name of Father,	Joseph Cornelius Hamer
Father's Occupation,	Barber
Father's Birthplace,	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Hammond
Address,	No. 227 Arch Street
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Anna A. 11014

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, March 12th 1889.

4. Place of Birth, (Street and Number) Exeter street No 103.

5. Full Name of Mother, Sarah Blumberg

6. Mother's Maiden Name, Sarah Lapen

7. Mother's Birthplace, Russia

8. Full Name of Father, Acard Blumberg

9. Father's Occupation, Watch-maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st No 103.

Remarks,

jected to the file of ten (10) dollars for each offence, to be recovered as other fines.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 7 A. 11015

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Col

3. Date of Birth, March 13

4. Place of Birth, (Street and Number) 944 Highway Cain Bal.

5. Full Name of Mother, annie Stuart

6. Mother's Maiden Name, annie goking

7. Mother's Birthplace, Hebrie Coun

8. Full Name of Father, John Stuart

9. Father's Occupation, Barber

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mid Wife

Address, Fairett Institute

Remarks, No 935 Harmon Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 11015

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12th 1889

4. Place of Birth, (Street and Number) 821 Ferrand Ave.) Carrie Leipold

5. Full Name of Mother, Christian

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, George F. Leipold

8. Full Name of Father, Baker

9. Father's Occupation, Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner M.D.

Address, S.E. Cor. Caroline & Eager Sts.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11017

1. Sex, (State whether male or female) Male Joe

2. Race or color, (if not of the white race) White

3. Date of Birth, March 14th 1889

4. Place of Birth, (Street and Number) Pratt street #1105

5. Full Name of Mother, Zlata Greshcovsky

6. Mother's Maiden Name, Zlata Jabolonsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Mendel Greshcovsky

9. Father's Occupation, tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Ackerman

Address, Albemarle st #103

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 11018

1. *Sex, (State whether male or female)* nail
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 144 East
5. *Full Name of Mother,* Sarah Walker
6. *Mother's Maiden Name,* ~~Sa~~ Norton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Adon Walker
9. *Father's Occupation,* a Lahar
10. *Father's Birthplace,* Augusta

Name of Medical Attendant, or other person who makes this Return, harriet to Hutchins

Address, 101 Dugleet St

Remarks,

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 11019

1. Sex, (State whether male or female) Male Julius.
2. Race or color, (if not of the white race) White
3. Date of Birth, 11th of March 1889.
4. Place of Birth, (Street and Number) N. Exeter street # 107
5. Full Name of Mother, Anne Levy
6. Mother's Maiden Name, Anne Silverstin
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr Schesman

Address, Albemarle St # 103.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child A 11030

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March the 18th 1889

4. Place of Birth, (Street and Number) 563 Moore Alley

5. Full Name of Mother, Adel Sch Brogdon

6. Mother's Maiden Name, Adel Schofield

7. Mother's Birthplace, Worcester Maryland

8. Full Name of Father, William Thomas Brogdon

9. Father's Occupation, Porter

10. Father's Birthplace, Calvert County Md.

Name of Medical Attendant, or other person who makes this Return, Chester Colaud

Address, 609 W. Preston Street

Remarks,

DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 11021

1. Sex (state whether male or female), Male
2. [illegible] or Color (if not of the white race),
3. Date of Birth, March 19th 1889
4. Place of Birth (Street and Number), 823 Greenmount. av.
5. Full Name of Mother, Mary J. McShane
6. Mother's Maiden Name, " " Affayroux
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. McShane
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11022

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 19 of March
4. Place of Birth, (Street and Number) 918 Young Street
5. Full Name of Mother, Emma Mason
6. Mother's Maiden Name Emma Massie
7. Mother's Birthplace, St Mary's County
8. Full Name of Father, Edmund Mason
9. Father's Occupation, Laboring
10. Father's Birthplace, Caroline County

Name of Medical Attendant, or other person who makes this Return. Wesley Colance

Address, 609 Preston Street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child A 11023

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1318 Etting Street
4. Place of Birth, (Street and Number) 20th March
5. Full Name of Mother, Martha Cole
6. Mother's Maiden Name, Martha Snowden
7. Mother's Birthplace, Arundel County
8. Full Name of Father, Stanley Cole
9. Father's Occupation, Laboring
10. Father's Birthplace, Charles County Md.

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth **A.** 11024

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2d 1889

4. Place of Birth, (Street and Number) 2209 E Pratt St

5. Full Name of Mother, Kate Strum

6. Mother's Maiden Name, Schaur

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter C Strum

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D.

Address. S.E. Cor Lasolier & Eager Sts.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th / 11 — A. 11025
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 23 ed / 11
4. *Place of Birth, (Street and Number)*	1012 Hollin st
5. *Full Name of Mother,*	Agness Wilson
6. *Mother's Maiden Name,*	Agnes Dorsey
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Allen Law Wilson
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other per[illegible] makes [illegible]	Mrs Arnold
Address,	[illegible]17 Schroeder St.

Missing # A11026

RETURN OF [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel Fletcher Tapman Dec. 11027

No. of Child of Mother, (state whether 1st, 2d, 3d, [illegible]) 1st 3d Child

1. Sex, (State whether male or female) Male ~~Female~~

2. Race or color, (if not of the white race) White

3. Date of Birth, April 1 1889

[illegible] of Birth, (Street and Number) 105 Cross St.

[illegible] Name of Mother, Mary Tapman.

[illegible]'s Maiden Name, Mary Palmeyer.

[illegible]'s Birthplace, Baltimore.

[illegible] Name of Father, Samuel Tapman.

[illegible]ather's Occupation, Butter deeler.

10. [illegible]ather's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey.

Address, 213 E. Heath St.

Remarks, Doing Well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 ch A 11028

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* April 1st 89
4. *Place of Birth (Street and Number),* 1413 Harford Av
5. *Full Name of Mother,* Lhedophia Somerlock
6. *Mother's Maiden Name,* Cannoles
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Somerlock
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. M. O. Billingslea

Address, 1206 E. Preston

Remarks,

Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 11029

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, April 14th 1897
4. Place of Birth, (Street and Number) 712 S. Bethel
5. Full Name of Mother, Mrs. Maggie Buckman
6. Mother's Maiden Name, Stollkamp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Buckman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Goetze

Address, 114 S. Bond St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11030

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 1 1889
4. *Place of Birth, (Street and Number)* Hbrist st 268
5. *Full Name of Mother,* trest grinmar
6. *Mother's Maiden Name,* –
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* grey grinmar
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Washington st 205

Remarks,

DUGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 110(31

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* April 1 1889

4. *Place of Birth, (Street and Number)* street No 1636

5. *Full Name of Mother,* Bargat Cisio

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Bohiemen

8. *Full Name of Father,* John Dusrgvaliv

9. *Father's Occupation,* Tabor

10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Wastington 205

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

G. IXLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11032

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1889
4. *Place of Birth, (Street and Number)* No. 904 Scharles st
5. *Full Name of Mother,* Cathrine Bierbrain
6. *Mother's Maiden Name,* Cathrine W Vohrer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Bierbrain
9. *Father's Occupation,* Brewery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Cathrine Horning

Address, No. 1517 Byrd st

Remarks,

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A. 11033
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Apr. 1st 89
4. Place of Birth (Street and Number),	2203 Division st.
5. Full Name of Mother,	Estelle Murray
6. Mother's Maiden Name,	Estelle Fawcett
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Murray
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	R. M. Hall
Address,	1019 N. Hilliard ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11024

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 1st 1889.
4. Place of Birth, (Street and Number) 1011 N. Durham St.
5. Full Name of Mother, Mary Broz.
6. Mother's Maiden Name, Miller.
7. Mother's Birthplace, Bohemia.
8. Full Name of Father, Frank Broz.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Bohemia.

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St.

Remarks, lived only 20 Minutes after Birth.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 11035
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 1 89.
4. *Place of Birth, (Street and Number)*	513 Enoor St.
5. *Full Name of Mother,*	Leah Solomon
6. *Mother's Maiden Name,*	" Dichter
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Davis Solomon
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson
Address,	776 E. Preston St.
Remarks,	

CITY PRINTING AND STATIONERY.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11036

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st April, '89.
4. *Place of Birth (Street and Number)* 805 W. Fayette St.
5. *Full Name of Mother* Sarah Karn
6. *Mother's Maiden Name* Sarah Ruffel.
7. *Mother's Birthplace* New York
8. *Full Name of Father* Joseph Karn
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell.

Address Fayette & Fremont Sts.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 11137

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, April 1st

4. Place of Birth, (Street and Number) 115 S. Ann St

5. Full Name of Mother, Louise F. Steindle

6. Mother's Maiden Name, Louise Baumsieber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Steindle

9. Father's Occupation, Waterman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katharina Buehler

Address, 1817 Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1/89
4. Place of Birth, (Street and Number) 409 N Fulton av
5. Full Name of Mother, Jennie O Sullivan
6. Mother's Maiden Name, Jennie O Sullivan
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Dennis O Sullivan
9. Father's Occupation, School, Teacher
10. Father's Birthplace, Ireland
11. Name of Medical Attendant, or other Person who makes this Return Geo W Morris M D
12. Address, 1501 Presstman St
13. Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child A 11039
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 1 1889.
4. Place of Birth, (Street and Number)	5 Heath st.
5. Full Name of Mother,	Minnie Suebo.
6. Mother's Maiden Name,	Heiliger.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Henry Suebo.
9. Father's Occupation,	Piano-maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser, Midwife.
Address,	1032 Hanover st.
Remarks,	

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 A 11040

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 April
4. Place of Birth, (Street and Number) 1034 E. Lombard St
5. Full Name of Mother, Lillie Hogan
6. Mother's Maiden Name, Eckhardt
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Martin Hogan
9. Father's Occupation, Horse Shoer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbry

Address, 1802 Holland St

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11041

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1889.
4. Place of Birth, (Street and Number) 1609 Edmondson Ave.,
5. Full Name of Mother, Mrs Alice O. Stollenwerck
6. Mother's Maiden Name, Miss Alice O. Anderson
7. Mother's Birthplace, Virginia.
8. Full Name of Father, A. J. Stollenwerck jr
9. Father's Occupation, Salesman
10. Father's Birthplace, Alabama
11. Name of Medical Attendant, or other Person who makes this Return H. H. Biedler
12. Address, 1191 W. Saratoga St
13. Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TORS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 **A.** 11042

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colon
3. Date of Birth, Apr 2
4. Place of Birth, (Street and Number) lowels St
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible] HO+
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation,
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, [illegible] St H H Smith

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child A 11043
1. Sex. (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	2nd of April 1889
4. Place of Birth, (Street and Number)	16 South Washington street
5. Full Name of Mother,	Mary L. Wright
6. Mother's Maiden Name,	Mary T. Clemson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edwert D Clemson
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

CITY PRINTER) AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2 C. A. 11044

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1889
4. Place of Birth, (Street and Number) 1510 Saratoga St
5. Full Name of Mother, Martha L. Thurn
6. Mother's Maiden Name, " " " Baumgarten
7. Mother's Birthplace, Germany
8. Full Name of Father, R. H. Thurn
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 923 Penna ave

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11045

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 211 S. Bond St
4. Place of Birth, (Street and Number) Apr 2nd 87
5. Full Name of Mother, Mrs Eda Benton
6. Mother's Maiden Name, " " Belton
7. Mother's Birthplace, Balto
8. Full Name of Father, Allen Benton
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Goetze

Address, ~~#~~ 114 S. Bond St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 8 st A 11045

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* April 2nd
4. *Place of Birth, (Street and Number)* 320 Burgundy st.
5. *Full Name of Mother,* Maria Braun
6. *Mother's Maiden Name,* " Kühne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustave Braun
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Burkhardt

Address, 418 S. Paca st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 11047
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 2nd.
4. Place of Birth, (Street and Number)	1124 Homewood ave.
5. Full Name of Mother,	Allie Russell
6. Mother's Maiden Name,	" Burke
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Russell
9. Father's Occupation,	Telegraph worker
10. Father's Birthplace,	Vernac Co. Va.
Name of Medical Attendant, or other person who makes this Return.	C. L. Braddenbaker
Address,	418 S. Paca st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 11048

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 2 1889
4. Place of Birth, (Street and Number) Chapel st 115
5. Full Name of Mother, Shoey Svehla
6. Mother's Maiden Name, Shoey Blasek
7. Mother's Birthplace, Bohiemen
8. Full Name of Father, John Svehla
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Skopitis

Address, Washington 205

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

...are recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First (1st,) A 11049

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 2d, 1889
4. Place of Birth (Street and Number), No. 928 North Broadway
5. Full Name of Mother, Mrs. Evaristus McPherson
6. Mother's Maiden Name, Miss Evaristus Hooper
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. David Lynn McPherson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Clendinen, M.D.

Address, 1700 E. Fayette St. Cor. Broadway

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11050

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2nd
4. Place of Birth, (Street and Number), 314 Pleasant st
5. Full Name of Mother, Martha Robinson
6. Mother's Maiden Name, " " " James
7. Mother's Birthplace, Balto city
8. Full Name of Father, Harvey Robinson
9. Father's Occupation, Coachman
10. Father's Birthplace, West river Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 910 Tyson St

Remarks,

[illegible] the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11057

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 2 - 1889

4. Place of Birth, (Street and Number) 242 S. Caroline

5. Full Name of Mother, Kati Goetz

6. Mother's Maiden Name, Kay

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Goetz

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Penalty for each Offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child A 11052

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2 nd 1889
4. Place of Birth, (Street and Number) Forrest St No 336
5. Full Name of Mother, Annie Knoepp
6. Mother's Maiden Name, Annie Schu
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charley Knoepp
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E Miller

Address, N. Dallas St No 197

Remarks, ...

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A 11153

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1889
4. Place of Birth, (Street and Number) E. Monument St No 2104
5. Full Name of Mother, Amelia Ott
6. Mother's Maiden Name, Amelia Knoepp
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Conrad Ott
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

(OVER)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child:- Myrtle Stevens

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11 5 11

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 2nd 1889
4. Place of Birth, (Street and Number) 301 South Chester Street
5. Full Name of Mother, Emma L. Stevens
6. Mother's Maiden Name, " " Hinton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Stevens
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James F. McShane, M.D.

Address, 2225 E. Pratt St.

Remarks, Case of Placenta Previa

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2 A. 11055

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Col

Date of Birth, April 2nd 1888

Place of Birth, (Street and Number) 7 [illegible] Chestnut alley

Full Name of Mother, Kate Cornish

Mother's Maiden Name, Kate Anderson

Mother's Birthplace, Howard County Md

Full Name of Father, John Cornish

Father's Occupation, Oyster Shucking

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Jas S Fulks M D

Address, 312 Pearl St Balto

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11050

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 2nd 1883

4. Place of Birth, (Street and Number) 2233 Fayette St

5. Full Name of Mother, Katie Belle Knorr

6. Mother's Maiden Name, " " Crisp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ulysis S Knorr

9. Father's Occupation, Type Caster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J T Shicknall

Address, 44 N Patterson Pk Ave

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 11057
1. *Sex, (State whether male or female),*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd
4. *Place of Birth, (Street and Number)*	1224 Spring Av.
5. *Full Name of Mother.*	Francisca Nemec
6. *Mother's Maiden Name,*	" Bombach
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Charles Nemec
9. *Father's Occupation,*	P Stone cutter
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josepine Conrad
Address,	1621 Barnes St.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 11058

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, The 3d of April 1899
4. Place of Birth, (Street and Number) 1120 Whetcoat St Balto
5. Full Name of Mother, Laura Georgina Hartman
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Ruder Hartman
9. Father's Occupation, Baker
10. Father's Birthplace, Danville Montour Co Pa

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maemel Midwife

Address, 923 Penna ave

Remarks,

...LABY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 St A 11067

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3. 1889.
4. Place of Birth, (Street and Number) Andrew St 1405.
5. Full Name of Mother, Helena Whistinghausen
6. Mother's Maiden Name, Helena Bluhm.
7. Mother's Birthplace, Germna
8. Full Name of Father, August Whistinghausen
9. Father's Occupation, Laborer
10. Father's Birthplace, Germna

Name of Medical Attendant, or other person who makes this Return, Mrs Ettel

Address, No 1619 Cuba St

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

...section shall be sub-... recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11050

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3d 1889
4. *Place of Birth, (Street and Number)* 219 So. Stricker St
5. *Full Name of Mother,* Blanch
6. *Mother's Maiden Name,* Mary McLaughlin
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jno Blanch
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. A. Shinney Mrs.

Address, 203 McCaulay St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11151

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W
3. Date of Birth, April the 3rd 1889,
4. Place of Birth, (Street and Number) Dueberry Alley
5. Full Name of Mother, Annie E Johnson
6. Mother's Maiden Name, " " Gada
7. Mother's Birthplace, City
8. Full Name of Father, Thomas I. Johnson
9. Father's Occupation, Cash painter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. M. A. Ledley

Address, 1004 Lexington St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OC . DITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 11052

of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether male ~~or female~~)

Race or Color, (if not of the white race)

Date of Birth, April 3rd 1889

Place of Birth, (Street and Number) No. 722 N Wolf St.

Full Name of Mother, Annie Elizebeth Diven

Mother's Maiden Name, " " Roberts

Mother's Birthplace, Baltimore City

Full Name of Father, George Washington Diven

Father's Occupation, Labored

Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N Broadway

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 nd A 11053

Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) W

3. Date of Birth, ~~March~~ April 2nd

4. Place of Birth, (Street and Number) Ramsey St 759

5. Full Name of Mother, Josie Moran

6. Mother's Maiden Name, Josie Labby

7. Mother's Birthplace, Maryland

8. Full Name of Father, Michael Moran

9. Father's Occupation, Varnisher

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Horrigan

Address, 412 Scott

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex. (State whether male or female) Girl.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 3rd of April 1889.
4. Place of Birth, (Street and Number) 528 North Cassel street.
5. Full Name of Mother, Mary L. ~~Spoot~~ Zeal.
6. Mother's Maiden Name, Mary L. Spade
7. Mother's Birthplace, Germany.
8. Full Name of Father, Antone Spade.
9. Father's Occupation, Collector.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address 213 North Chapel, St. per Justina Kunkel.

Remarks, Healthy.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11055

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	April 3 1889
4. Place of Birth (Street and Number),	1431 McCulloh St
5. Full Name of Mother,	Mr Edwards
6. Mother's Maiden Name,	Cochran
7. Mother's Birthplace,	New York
8. Full Name of Father,	Wm H. L. Edwards
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return.	H M Mason
Address,	1008 Madison Av
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section shall be su[illegible]ed to the fine of ten (10) dollars for each offence, [illegible] recovered as other fines and forfeitures are recoverable.

[illegible]more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 11065

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white race
3. Date of Birth, April 4 st 1889
4. Place of Birth (Street and Number), No 202 Wenert St
5. Full Name of Mother, Paulina Huff
6. Mother's Maiden Name, Paulina Kuhnle
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Andrew Huff
9. Father's Occupation, Painter Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Ambrosia Galler

Address, 1403 Hanover St

Remarks, Baltimore City Md.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11067

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 24 88

4. Place of Birth, (Street and Number) 1412 E. Lombard st

5. Full Name of Mother Mrs Katie Wolfe

6. Mother's Maiden Name, " " Bissel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Wolfe

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Goetzke

Address, 114 S. Bond st

Remarks,

subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11068

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 4th 89
4. Place of Birth, (Street and Number) # 227 S. Amer St
5. Full Name of Mother, Mr. Emily Fritsch
6. Mother's Maiden Name, " " Williams
7. Mother's Birthplace, Germany
8. Full Name of Father, William Fritsch
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos Goetzke

Address, # 114. S. Bond St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11069

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1889
4. *Place of Birth, (Street and Number)* 1109 Hanover St
5. *Full Name of Mother,* Maggie A. Hale
6. *Mother's Maiden Name,* Maggie A. Hale
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John A. Hale
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Ettel.

Address,

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 A 11070

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light Brown Skin.
3. Date of Birth 4 April.
4. Place of Birth, (Street and Number) 8 1/2 Pierce St
5. Full Name of Mother, Sarah Briscoe.
6. Mother's Maiden Name, Sarah Parker.
7. Mother's Birthplace, Annerundel County
8. Full Name of Father, Jacob Briscoe
9. Father's Occupation, Stevedore
10. Father's Birthplace, St Mary Co.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Casper St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child A 11071

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race)
3. Date of Birth April 4th 1889
4. Place of Birth, (Street and Number) 618 Hughes St.
5. Full Name of Mother, Rebecca A. King
6. Mother's Maiden Name, Brumbaugh
7. Mother's Birthplace, Fayette Co. Pennsylvania
8. Full Name of Father, Philip H. King
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Frederick City - Md -

Name of Medical Attendant, or other Person who makes this Return. Alice V. Parkhurst M.D.

Address, 1410 Park Avenue

Remarks,

.., City Printers and Stationers.

GIVEN NAME ADDED 7-28-52

RETURN OF A ~~BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Flossie Eloine Blackaller

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

A 11072

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, April 4th /89.
4. Place of Birth (Street and Number), 711. W Mulberry St.
5. Full Name of Mother, Agnes. E Blackaller.
6. Mother's Maiden Name, Agnes. E. Markell.
7. Mother's Birthplace, New York. N.Y.
8. Full Name of Father, Harry Blackaller.
9. Father's Occupation, Advertising Agent.
10. Father's Birthplace, Liverpool Eng.
11. Name of Medical Attendant, or other person who makes this Return. John J. R. Kroger M.D.

Address, 662. W Lexington St.

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11073

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, April 4th 1889

4. Place of Birth, (Street and Number) 203 N. Chester Street

5. Full Name of Mother, Ella Virginia Hebb

6. Mother's Maiden Name, " " Beckwith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Hebb

9. Father's Occupation, Pilot

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. James F. C. Crane, M.D.

Address, 2225 East Pratt Street

Remarks,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11074

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 10th

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* April 4th/889,
4. *Place of Birth,* (*Street and Number*) 1117 Cornet St
5. *Full Name of Mother,* Mary A. Rolander
6. *Mother's Maiden Name,* " " Meisel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Rolander
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A Sergt Theatzer Md

Address, 1102 E Balto St

Remarks,

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11075

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* April 4th
4. *Place of Birth, (Street and Number)* 710 S. Charles st.
5. *Full Name of Mother,* Lizzie Wagner
6. *Mother's Maiden Name,* " Grimmel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jerrie Wagner
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Garret Co. Md.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

CITY PRINTERS AND STATIONERS

Missing # A11076

1889

Orig certif A-11076
missing
copied out of Vol 10

See Vol 10 for 11076

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11677

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, April 5th 1889
4. Place of Birth (Street and Number), Baltimore University Hospital, Bond St.
5. Full Name of Mother, Annie Edwards
6. Mother's Maiden Name, Annie Edwards
7. Mother's Birthplace, Mt. Holly, New Jersey
8. Full Name of Father, Thos. McCullen
9. Father's Occupation, Salesman
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. G. Franklin Ricker M.D.

Address, 611 N. Germain Street

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5. 1889
4. Place of Birth, (Street and Number) Nicholson St No 1527
5. Full Name of Mother, Ernestine Feuchtenicht
6. Mother's Maiden Name. Ernestine Bahser
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Feuchtenicht
9. Father's Occupation. Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, No 1619 Cuba St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 5th of April 1889
4. Place of Birth, (Street and Number)	No 1010 Clifton Place
5. Full Name of Mother,	Kate Murphy
6. Mother's Maiden Name,	Kate Shelbiss
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Murphy
9. Father's Occupation,	Printer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jno Ch Lauer
Address,	No 157 Harford Ave
Remarks,	Bal Md
	1889

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 5 of April 1889
4. Place of Birth, (Street and Number) No 1303 Holbrook St
5. Full Name of Mother, Lizzie Amers
6. Mother's Maiden Name, Lizzie Whiteamp
7. Mother's Birthplace, Little York Pa.
8. Full Name of Father, Howard Amers
9. Father's Occupation, Carpenter
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1889

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child A 11081

Sex, (state whether male or female) Female,

2. Race or color, (if not of the white race) White

3. Date of Birth, april 5th 1889.

4. Place of Birth, (Street and Number) E. Lombard St. Magdoments co

5. Full Name of Mother, Annie Furman

6. Mother's Maiden Name, Annie Grazinsky

7. Mother's Birthplace, Lucknick, Russia.

8. Full Name of Father, Joseph Furman

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Lucknick Russia

Name of Medical Attendant, or other person who makes this Return. Beckie Jüstmann

Address, 1038 E. Lombard St. Balto Md

Remarks,

Subject to the fine of [illegible] Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 11052

1. Sex, (~~state whether male or~~ female)
2. ~~Race~~ or Color, (~~if not~~ of the white race)
3. Date of Birth, 4.5.89.
4. Place of Birth, (Street and Number) 219 S. Paca st.
5. Full Name of Mother, Margaret Jane Melchinsche
6. Mother's Maiden Name, Crann
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Antonio Melchinsche
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Dr. Eastman,

Address, 772 Lexington st.

Remarks, Natural

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 11182

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, April 5 th 1889

4. Place of Birth, (Street and Number) No 1931 E Chase St

5. Full Name of Mother, Louisa Roth

6. Mother's Maiden Name, Lesse

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Roth

9. Father's Occupation, Labor Work

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schulte

Address, No 528 N. Washington Ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	The White Race
3. *Date of Birth,*	Born on the 5th of
4. *Place of Birth, (Street and Number)*	1123 Battery Av. Ba
5. *Full Name of Mother,*	Mary E Hubbard
6. *Mother's Maiden Name,*	Mary E Underhill
7. *Mother's Birthplace,*	Somerset County
8. *Full Name of Father,*	Wm. H. Hubbard
9. *Father's Occupation,*	River Driver
10. *Father's Birthplace,*	Baltimore M.
Name of Medical Attendant, or other person who makes this Return.	Miss Lon
Address,	
Remarks,	

Subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Missing #A 11084 – #A 11089
could be
#A 11085 – #A 11090

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child A. 11091

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colord Race
3. Date of Birth, April 7 1889
4. Place of Birth, (Street and Number) 1638 Mullinkin st
5. Full Name of Mother, Ellanorra Wilson
6. Mother's Maiden Name, Ellanorra Harris
7. Mother's Birthplace, Norfork Virginia
8. Full Name of Father, John Willison
9. Father's Occupation, Wagon driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Lucindia Woolford

Address, 432 N Register st

Remarks,

...ty such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11492

1. Sex, (state wheither male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Monday 7th of April 1889
4. Place of Birth, (Street and Number) 1066 Granby st.
5. Full Name of Mother, Rachel Zaiscovitz
6. Mother's Maiden Name, Cach
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Zaiscovitz
9. Father's Occupation, Bigler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Useman

Address, 1038 E. Lombard st

Remarks,

Every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th A 1109 2 1/2

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Monday 7th of April 1879
4. Place of Birth, (Street and Number) 1066 Granby st
5. Full Name of Mother, Rachel Zaiscevitz
6. Mother's Maiden Name, Cach
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Zauscevitz
9. Father's Occupation, Bigler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Useman

Address, 1038 E Lombard st

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 11198

1. *Sex, (state whether male or female)* X Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 7,
4. *Place of Birth, (Street and Number)* 872 Pierce st.
5. *Full Name of Mother,* Clara Davis.
6. *Mother's Maiden Name,* Clara Clark.
7. *Mother's Birthplace,* Middletown Va
8. *Full Name of Father,* Sam'l Davis.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

k Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child A 11094
Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 7th 1889
4. Place of Birth, (Street and Number)	24 Williamson St.
5. Full Name of Mother,	Emma Odell
6. Mother's Maiden Name,	Emma Taylor
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John S. Odell
9. Father's Occupation,	Agent.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing Well.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 11169
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 8-89
4. *Place of Birth (Street and Number)*	1521 argyle ave
5. *Full Name of Mother*	Laura ~~Dot~~. Olivia Falck.
6. *Mother's Maiden Name*	Laura Olivia Stoner.
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Louis B. Falck.
9. *Father's Occupation*	Cigar maker.
10. *Father's Birthplace*	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	H Boyd Lyle MD
Address	619 n. Callowhill st.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 11096

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* April 8th 89
4. *Place of Birth (Street and Number),* 345 Parkin St
5. *Full Name of Mother,* Annie Pelton
6. *Mother's Maiden Name,* Annie McGinty
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Pelton
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. D F Phillips

Address, 735 W Lombard St

Remarks,

g Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A. 11197

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8 of April 1889
4. Place of Birth, (Street and Number) 697 Pearce St.
5. Full Name of Mother, Mary Brooks
6. Mother's Maiden Name, Mary Gross
7. Mother's Birthplace, Charles County Md.
8. Full Name of Father, Jacob Gross
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. Mary J. Richardson

Address, 815 King Street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child A 11098

Sex, (State whether male or female) Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* 8 of april

4. *Place of Birth, (Street and Number)* 618 Patterson avenue

5. *Full Name of Mother,* Mary Meyberger

6. *Mother's Maiden Name,* Mary Fister

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Meyberger

9. *Father's Occupation,* Dealer in boots Shoes

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Donnley

Address, 1635 Little Walsh St

Remarks, None

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 11699
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 8th 1889
4. *Place of Birth, (Street and Number)*	609 S Bethel st
5. *Full Name of Mother,*	Susie Roles
6. *Mother's Maiden Name,*	Bias
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Roles
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs M Knowles
Address,	1829 E Pratt st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 1111
1. *Sex, (State whether male or female)*	Female. Colored.
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 8th.
4. *Place of Birth, (Street and Number)*	043 S. Hallas st.
5. *Full Name of Mother,*	Louvenia Henson
6. *Mother's Maiden Name,*	Louvenia Foster
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Henson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Eastern Shore Md.
Name of Medical Attendant, or other person who makes this Return.	1829 E Pratt st
Address,	Mrs Knowles
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17101

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 April 1889
4. Place of Birth, (Street and Number) 20 Maderia ally
5. Full Name of Mother, Mary Wacha
6. Mother's Maiden Name, Mary Zelenka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Wacha
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Reptist

Address, 207 N Washington St

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 11101

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 April 1889
4. Place of Birth, (Street and Number) 20 Maderia ally
5. Full Name of Mother, Mary Wacha
6. Mother's Maiden Name, Mary Zelenka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Wacha
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptist

Address, 207 N Washington St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 1902
Sex, (State whether male or female)	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 1889
4. *Place of Birth, (Street and Number)*	1017 Abbey Alley
5. *Full Name of Mother,*	Florence Hadaway
6. *Mother's Maiden Name,*	Johnson Gooden
7. *Mother's Birthplace,*	Kent Co, Md
8. *Full Name of Father,*	Capt Jos Hadaway
9. *Father's Occupation,*	Mariner
Father's Birthplace,	Kent Co Md
Name of Medical Attendant, or other person who makes this Return.	H B Noble MD
Address,	707 Cromwell av
Remarks,	

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. A. 11 03

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White.
3. Date of Birth, April 8th
4. Place of Birth (Street and Number), 23 No Spring st Baltimore Md.
5. Full Name of Mother, Mary Taylor.
6. Mother's Maiden Name, " " Bayne.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Taylor
9. Father's Occupation, Foreman.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Ann Kosman

Address, South Eden st No. 13.

Remarks,

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8 of April 1889
4. Place of Birth, (Street and Number) 417 Rover Street
5. Full Name of Mother, Jennie Brown
6. Mother's Maiden Name, Jennie Sye
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brown
9. Father's Occupation, Oyster-Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 913 King Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Basil R. Mullineaux

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11125

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, April 8th 89

4. Place of Birth (Street and Number), 1604 Hanover St

5. Full Name of Mother, Mary A. Mullineaux

6. Mother's Maiden Name, Mary A. Lakehart

7. Mother's Birthplace, Howard Co. Md

8. Full Name of Father, Edward E. Mullineaux

9. Father's Occupation, Finisher

10. Father's Birthplace, Howard Co. Md

Name of Medical Attendant, or other person who makes this Return. B. F. Phillips

Address, 435 W. Lombard St

Remarks, CERTIFICATE CORRECTED 4-12-54 L.M.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child A 11106

1. *Sex, (State whether male or female)* white John Isheuning
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec 8 April 1889
4. *Place of Birth, (Street and Number)* Loneys Lane Monument St.
5. *Full Name of Mother,* Katharina Isheuning
6. *Mother's Maiden Name,* " Geerissen
7. *Mother's Birthplace,* West Preussen
8. *Full Name of Father,* John Isheuning
9. *Father's Occupation,* Milk Mann
10. *Father's Birthplace,* West Preussen

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Mayer

Remarks, Biddle St Nov 1933.

...any such person or persons who shall neglect fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child A 111 [illegible]

1. *Sex, (State whether male or female)* white. John Georg Nullmeier
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 8 April 1889
4. *Place of Birth, (Street and Number)* Biddle Str No 1939
5. *Full Name of Mother,* Maria Susanna Nullmeier
6. *Mother's Maiden Name,* " Girller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Georg Nullmeier
9. *Father's Occupation,* Hoxtrer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Anna Mayer

Remarks, Biddle Str No 1936.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A. 11105

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1889
4. *Place of Birth, (Street and Number)* 1308 N Washington Street
5. *Full Name of Mother,* Maggie Pennington
6. *Mother's Maiden Name,* Maggie Rice
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* J. Frank Pennington
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return James E. Whitford M.D.

Address, 819 Aisquith Street

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1400

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 9 of April
4. *Place of Birth, (Street and Number)* 322 Waverly Avenue
5. *Full Name of Mother,* Emma Hawkins
6. *Mother's Maiden Name,* Emma Wallace
7. *Mother's Birthplace,* Jersy City
8. *Full Name of Father,* Wm Hawkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston St

Remarks,

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1410

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1889
4. Place of Birth, (Street and Number) Andrew Str No 1461
5. Full Name of Mother, Mary Ellen Fauntleroy
6. Mother's Maiden Name, " " Hamilton
7. Mother's Birthplace, Washington DC
8. Full Name of Father, B. J. Fauntleroy
9. Father's Occupation, Sail Maker
10. Father's Birthplace, Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return, Mrs Ethel

Address, 1619 Cuba St

Remarks, Baltimore

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 A. 1411

1. *Sex, (state whether male or female)* Wäfl
2. *Race or Color, (if not of the white race)* Wheite
3. *Date of Birth* April 9
4. *Place of Birth, (Street and Number)* Alexander street 1523
5. *Full Name of Mother,* Mary Clock
6. *Mother's Maiden Name,* " Bäcker
7. *Mother's Birthplace,* Stutgard
8. *Full Name of Father,* Josch Clock
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Stutgard

Name of Medical Attendant, or other Person who makes this Return. Mrs Shumann

Address, 327 S. Bondstreet

Remarks,

...phy & Co., City Printers and Stationers.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Children A. 1212

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 9 of April
4. Place of Birth, (Street and Number) 1243 Batery ave
5. Full Name of Mother, Dora R. Ellers
6. Mother's Maiden Name, Dora R. White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John R. Ellers
9. Father's Occupation, Fireman
10. Father's Birthplace, Queen Anns County

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs Conway

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 6d A. 1113

Sex (~~*state whether male or*~~ *female*),

2. *Race or Color* (~~*if not of the*~~ *white race*),

3. *Date of Birth,* April 9th 189.

4. *Place of Birth (Street and Number),* 1320 Orleans St.

5. *Full Name of Mother,* Rosa R. Sauerwald.

6. *Mother's Maiden Name,* Rosa R. Wolfe.

7. *Mother's Birthplace,* Homestead, Balt. Co. Md.

8. *Full Name of Father,* Joseph Sauerwald.

9. *Father's Occupation,* Basket Maker.

10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. John I. R. Krozer Md.

Address, 662. W Lexington St.

Remarks,

...ng Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A 1114

1. Sex, (State whether male or female). Male - George Leo Crouse
2. Race or color, (if not of the white race) White
3. Date of Birth, 9 of april
4. Place of Birth, (Street and Number) 1321 Stockton
5. Full Name of Mother, Sopha Crouse
6. Mother's Maiden Name, Sopha Lody
7. Mother's Birthplace, Germany
8. Full Name of Father, Mickel Crouse
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Donnley

Address, 1635 Little Walsh St

Remarks, None

Full given name of child added by mother upon applying for a transcript. H E Wehr
Auth Index Clerk
Nov 14-1928

CITY PRINTERS AND STATIONERS

Sophia Crouse Mother

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A. 11115

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 9th 1889
4. Place of Birth, (Street and Number) Baltimore No 2010 Parkin
5. Full Name of Mother, Kate Butler
6. Mother's Maiden Name, Kate Cowen
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Butler
9. Father's Occupation, Police officere
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth A 11116

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9 1889
4. Place of Birth, (Street and Number) 206 Dolphin street Baltimore City
5. Full Name of Mother, Minnie Sesselberger
6. Mother's Maiden Name, Minnie Wieckert
7. Mother's Birthplace, Baltimore in the state of Maryland
8. Full Name of Father, William Sesselberger
9. Father's Occupation, pump maker
10. Father's Birthplace, Baltimore in the state of Maryland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 1117
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 9th 1889
4. Place of Birth, (Street and Number)	915 Lemon St
5. Full Name of Mother,	Louisa Seitler
6. Mother's Maiden Name,	Louise Braun
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Seidtler
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Austrea Europ
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppelton St
Remarks,	

[illegible] been concerned) its sex, color, the full name and [illegible] practitioner in the form of a certificate [illegible] the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mo[illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to [illegible] Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions [illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and [illegible]ltures are recoverable.

[illegible] J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 A 1118
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 10th 1889
4. Place of Birth, (Street and Number)	413 Hanover av
5. Full Name of Mother,	Mary A. Dougherty
6. Mother's Maiden Name,	Mary A. McKeough
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Patrick Dougherty
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Scotland
Name of Medical Attendant, or other person who makes this Return,	H. B. Noble M.D.
Address,	301 Hanover av
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Henry Taylor Hupfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A. 11119

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 10th 7:15 P.M. 1889
4. Place of Birth, (Street and Number) 2202 E. Lombard
5. Full Name of Mother, Kate Grace Hupfield
6. Mother's Maiden Name, K. G. Taylor
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Hupfield
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Dwinelle M.D.

Address, 1701 E. Baltimore St.

Remarks,

...jected to the ... fee (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1120

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 April 1887
4. Place of Birth, (Street and Number) 417 Chester St
5. Full Name of Mother, Mary Hyman
6. Mother's Maiden Name, C. J. Hershell
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Hyman
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 207 N Washington St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11121

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 10, 1889
4. *Place of Birth, (Street and Number)* 1101 Binney St
5. *Full Name of Mother,* Mary Eckart
6. *Mother's Maiden Name,* Mary Connelly
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* H. Eckart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 126 Luzerne St

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person to [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 11122

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Balt April 10 1889
4. *Place of Birth (Street and Number),* no 238 Bowers Court - Balt
5. *Full Name of Mother,* Hester Spiggs
6. *Mother's Maiden Name,* Hester Giles
7. *Mother's Birthplace,* Stilman run
8. *Full Name of Father,* Henry Spiggs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Colbert County -

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwold

Address, no 242 Bowers Court

Remarks,

the Commissioner of Health, in the [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

Missing #A11123

A-11123
1889

O. Girly Missing
copied out of
Lavol 10- for A 11123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Twins - A 11124
1. Sex (state whether Male or Female)	Males -
2. Race or Color (if not of the white race)	Black.
3. Date of Birth	April 10/89 -
4. Place of Birth (Street and Number)	308 Parish alley -
5. Full Name of Mother	Rebecca Smith.
6. Mother's Maiden Name	Johnson.
7. Mother's Birthplace	Calvert Co - Md.
8. Full Name of Father	James Smith.
9. Father's Occupation	Hod Carrier -
10. Father's Birthplace	Calvert Co. Md -
Name of Medical Attendant, or other Person who makes this Return.	R. He. Goldsmith.
Address	Harlem av. & Caldwell's

Remarks [redacted] of Twins - I lived 6 hours - right arm presentation - delivery delayed by having before assistance reached her - other alive.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child A 11125
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 10/89
4. Place of Birth (Street and Number),	18 S. Patterson Pk. Ave.
5. Full Name of Mother,	Emma Schwartz
6. Mother's Maiden Name,	Barnes
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Michael Schwartz
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D.
Address,	127 S. Broadway
Remarks,	

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th / 89 A. 11125
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	April 10 / 89
Place of Birth, (Street and Number)	234 Penna ave Extended
Full Name of Mother,	Mary Whitely
Mother's Maiden Name,	Mary Odell
Mother's Birthplace,	Baltimore
Full Name of Father,	David Whitely
Father's Occupation,	Butcher
Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Jas. W. Lewis M. D
Address,	1501 Pennsylvania ave
Remarks,	

ND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11127

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 11/04
4. *Place of Birth, (Street and Number)*	810 N Eutaw
5. *Full Name of Mother,*	M Eva Hastings
6. *Mother's Maiden Name,*	M Eva Davis
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	W. E. Hastings
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 1 A 1112 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aprill 11 1889
4. Place of Birth, (Street and Number) Cookeee St.
5. Full Name of Mother, Helana Sifert
6. Mother's Maiden Name, Helana Ertelt
7. Mother's Birthplace, Gemena
8. Full Name of Father, Frank Sifert
9. Father's Occupation, Labeaur
10. Father's Birthplace, Gemena

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Cuba St.

Remarks, Baltimore

...LANY & CO., CITY PRINTERS AND STATIONERS

...ed as other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Loren Wilburt Cornell

5 A. 11129

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 11th 1889
4. *Place of Birth, (Street and Number)* hull street 1451
5. *Full Name of Mother,* Susie Cornell
6. *Mother's Maiden Name,* Susie Shreck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lourn Wilbur Cornell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* new York

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Eaba St

Remarks, Baltimore

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A. 11131
1. Sex (state whether male or female),	None Charles Arthur Mattax / Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 11th 1889.
4. Place of Birth (Street and Number),	Cedar Ave. bet 2nd & 3rd Sts.
5. Full Name of Mother,	Maggie Mattax
6. Mother's Maiden Name,	Brannan
7. Mother's Birthplace,	City
8. Full Name of Father,	Horzo D. Mattax
9. Father's Occupation,	Stair Builder
10. Father's Birthplace,	Cecil Co. Md.
Name of Medical Attendant, or other person who makes this Return.	D. S. Williams, M.D.
Address,	#244 Carroll St.
Remarks,	

and shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 11131

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 11th 1889
4. Place of Birth, (Street and Number) Baltimore No 300 Mchenry Street
5. Full Name of Mother, Kate Seabreese
6. Mother's Maiden Name, Kate Flasher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Seabreese
9. Father's Occupation, Sail Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11132

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th April 1889
4. *Place of Birth, (Street and Number)* 422 N Pine St
5. *Full Name of Mother,* Ida E. Massey
6. *Mother's Maiden Name,* Ida E. ~~Massey~~ Gilbert
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James J. Massey
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

...ance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 11133

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 11 of April 1889

4. Place of Birth, (Street and Number) 618 Walker St.

5. Full Name of Mother, Rachael Adams

6. Mother's Maiden Name, Rachel Patterson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard H. Adams

9. Father's Occupation, Preacher

10. Father's Birthplace, West River.

Name of Medical Attendant, or other Person who makes this Return, Mary J Richardson

Address, 815 King St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 A 111311

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, April 12 1889
4. Place of Birth (Street and Number), 4 Sott- 242 Bowers Court
5. Full Name of Mother, Laura Johnson
6. Mother's Maiden Name, Laura Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, No 242 Bowers Court

Remarks,

g Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 11135

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, April 12th 1889
4. Place of Birth (Street and Number), 1230 Argyle Ave
5. Full Name of Mother, Ada M. Riley
6. Mother's Maiden Name, Matthews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Pritchard Riley
9. Father's Occupation, House Painter
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Elias C. Price M.D.
    Address, 953 Madison Ave
    Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (9) A. 11135

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12 59

4. Place of Birth, (Street and Number) No 1032 Greenmount Ave

5. Full Name of Mother, Mrs Rosa Battelaer

6. Mother's Maiden Name, Miss Rose Lynch

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Walter J Battelaer

9. Father's Occupation, Watchman

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Nadine

Address, No 936 Greenmount ave

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 11th A. 11137

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* light brown skin
3. *Date of Birth,* 12 of april 1889
4. *Place of Birth, (Street and Number)* 7.11 wine st
5. *Full Name of Mother,* ann Maria Johnson
6. *Mother's Maiden Name,* ann Maria Marquay
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address, [illegible] Clinton ave

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd. A 11138
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 12 1889
4. Place of Birth, (Street and Number)	617 Luzerne St.
5. Full Name of Mother,	Mary J. Yates
6. Mother's Maiden Name,	Mary Bradford
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Louis Yates
9. Father's Occupation,	Mate on tug-boat
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary E. Swayne
Address,	126 Luzerne St.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of C[illegible]d of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 11139

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, Apr 12th

Place of Birth, (Street and Number) Harford Road

Full Name of Mother. Sarah Virginia Preston

Mother's Maiden Name, Sarah Virginia Tucker

Mother's Birthplace, Harford Co

Full Name of Father, John Preston

Father's Occupation, Farmer

Father's Birthplace. Harford County

Name of Medical Attendant, or other Person who makes this Return E Gilbreath Darling M D

Address, Towsontown Md

Remarks,

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11110

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th

4. Place of Birth, (Street and Number) 9336 Fairmount

5. Full Name of Mother, Lizzie Northam

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Virginia

8. Full Name of Father, George R Northam

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Louisa Schultze

Address, 528 North Washington St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A. 11141

1. Sex (state whether male or female), feamale
2. Race or Color (if not of the white race), Colord
3. Date of Birth, April 12 1889
4. Place of Birth (Street and Number), 805 Mcdonough St
5. Full Name of Mother, Elen Bordley
6. Mother's Maiden Name, Elen
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Amos Bordley
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore C

Name of Medical Attendant, or other person who makes this Return. Elen carson

Address, 1026 Chapel St cty

Remarks,

who shall hereafter fail to comply with the [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 11142

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 of April 1889
4. Place of Birth, (Street and Number) 665 Saraann St.
5. Full Name of Mother, Annie Perkins
6. Mother's Maiden Name, Annie Walker
7. Mother's Birthplace, Prince Georges County
8. Full Name of Father, Stephen Perkins
9. Father's Occupation, Eastern Shore
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other Person who makes this Return. Mary L Richardson

Address, 315 King St.

Remarks,

report its birth to the Commissioner of Health in the manner and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 11114 3
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	April 13 1880
4. *Place of Birth, (Street and Number)*	1131 Valley St.
5. *Full Name of Mother*	Kate Steyer
6. *Mother's Maiden Name*	Kate Ball
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Steyer
9. *Father's Occupation*	Oyster Packer
10. *Father's Birthplace*	Washington Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	James A. Secktig
Address	419 W Saratoga St.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child. A 11141

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, 13th of April 1889
4. Place of Birth, (Street and Number) 624 North Chapel street
5. Full Name of Mother, Anna M. Baehm
6. Mother's Maiden Name, Anna M. Lang.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lang.
9. Father's Occupation, Pottery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11115

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 8 1889
4. Place of Birth, (Street and Number)	1208 Wilcox St
5. Full Name of Mother,	Ellen Chudey
6. Mother's Maiden Name,	Owen
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Tomas Chudey
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St, Balto. E. City Md.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — 11146

1. Sex, (state whether male or female) J Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 1889
4. Place of Birth, (Street and Number) 1636 Whilmont St
5. Full Name of Mother, Jennie Murfinger
6. Mother's Maiden Name, Farmingham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Murfinger
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walbu St. Balto Md.

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 11147

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 1889
4. Place of Birth, (Street and Number) 825 Dallas St
5. Full Name of Mother, Mary Schreiber
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schreiber
9. Father's Occupation, Sadler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

KILADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11118

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 1889
4. Place of Birth, (Street and Number) 1625 Point lane
5. Full Name of Mother, Agnes Heidrich
6. Mother's Maiden Name, Rastatte
7. Mother's Birthplace, Germany
8. Full Name of Father, William Heidrich
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 11179

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 13th 1884
4. Place of Birth, (Street and Number) Baltimore Dewberry Alley No 30
5. Full Name of Mother, Maggie Long
6. Mother's Maiden Name, Maggie Cagan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Long
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callenden Street Baltimore

Remarks,

CITY PRINTERS AND STATIONERS.

Ann

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James J. A. ~~Hasenei~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A 11150

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 13, 1889
4. Place of Birth, (Street and Number) 626 Bradford Alley
5. Full Name of Mother, Annie (~~Hessmauer~~ Hasenei)
6. Mother's Maiden Name, Annie Edler
7. Mother's Birthplace, Balto.
8. Full Name of Father, George (~~Hessmauer~~ Hasenei)
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 126 Luzerne St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 11151

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 13th of april 1899

4. Place of Birth, (Street and Number) shields ally

5. Full Name of Mother, alice Bowers

6. Mother's Maiden Name, alice Banks

7. Mother's Birthplace, richmond Va

8. Full Name of Father, Nelson Bowers

9. Father's Occupation, Laborer

10. Father's Birthplace, West river

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address, 616 Clinton ave

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 11152

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* April 13 1889
4. *Place of Birth (Street and Number),* Balt. No 246 Bowers C
5. *Full Name of Mother,* Mattie Hagan
6. *Mother's Maiden Name,* Mattie Diggs
7. *Mother's Birthplace,* Stanton Virginia
8. *Full Name of Father,* William Hagan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Rebecca Green

Address, 242 Bowers C

ct Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

7.—And be it further enacted and ordained that every person practicing midwifery in the city of Balti- ...whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct ...uch birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. ...ule shall contain a list of the births which have occurred under his or her care during the month, ...t forth as far as the same can be ascertained the full name of each child, (if any shall have been con- ...ex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule ...vered, duly signed by the practitioner in the form of a certificate between the first and third day of ...ery month to the office of the Commissioner of Health. In case the birth of any child shall occur without ...ce of a physician or practitioner of midwifery, or should no other person be in attendance upon the ...mediately thereafter it shall become the duty of the person or parents of such child to report its birth to ...sioner of Health, in the manner and within the period above required, and any such person or persons ...reafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars ...nce, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child A 11133
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 13 1889.
4. Place of Birth, (Street and Number)	1710 Elisabeth Lane.
5. Full Name of Mother,	Anna Klug.
6. Mother's Maiden Name,	Lang.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Christian Klug.
9. Father's Occupation,	Brick layer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser Midwife.
Address,	1032 Hanover st.
Remarks,	

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A 11134
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 13 — 1889.
4. *Place of Birth, (Street and Number)*	122 Hamburg st.
5. *Full Name of Mother,*	Emma Libby.
6. *Mother's Maiden Name,*	Bolz.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Albert Libby.
9. *Father's Occupation,*	Dealer in flesh.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child 11153
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April the 19 1854
4. Place of Birth, (Street and Number)	279 Hickory avenue
5. Full Name of Mother,	Annie R Phillips
6. Mother's Maiden Name,	Annie R Grimes
7. Mother's Birthplace,	Harford County
8. Full Name of Father,	Aaron J Phillips
9. Father's Occupation,	Cotton Mill
10. Father's Birthplace,	Harford County Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Grimes
Address, Hamden	
Remarks,	

. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 11158

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1889
4. Place of Birth, (Street and Number) N. Calvert St
5. Full Name of Mother, Martha Goodhand
6. Mother's Maiden Name, Harrington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Emery Goodhand
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Lindsay MD

Address, 9 E. Read St

Remarks,

Report [illegible] or persons who shall hereafter fail to comply [illegible] for each offence to be recovered as other fines and forfeitures are recovered [illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child. A 11137
1. Sex, (State whether male or female)	Girl.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	14th of April 1889
4. Place of Birth, (Street and Number)	1927 Jefferson street.
5. Full Name of Mother,	Amma Rauch
6. Mother's Maiden Name,	Emma Reabean.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Charles Reabean.
9. Father's Occupation,	Cigarmaker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 A 11155

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* April 14 1889
4. *Place of Birth (Street and Number),* Baltimore 242 Bowers Court
5. *Full Name of Mother,* Laura Brown
6. *Mother's Maiden Name,* Laura Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, No 242 Bowers Court

Remarks,

for each child, to be returned at the

hing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A 11157

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 14th 6 45 A.M. 1889
4. *Place of Birth, (Street and Number)* 2304 Boston St.
5. *Full Name of Mother,* Mary M. Miller
6. *Mother's Maiden Name,* M. M. Fraley
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Charles G. Miller
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. James E Kwinelle M.D.

Address, 1701 E Balto. St.

Remarks,

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 11150

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1889
4. *Place of Birth, (Street and Number)* 1718 Charles Street
5. *Full Name of Mother,* Ida Mackall
6. *Mother's Maiden Name,* Ida MacKenzie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Mackall
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. P. C. Wilson

Address, 814 Park Avenue

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...O. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Children A 11151

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 15th 1889
4. *Place of Birth, (Street and Number)* 723 South Bethel St.
5. *Full Name of Mother,* Sarah Bauer.
6. *Mother's Maiden Name,* Sarah Glover.
7. *Mother's Birthplace,* Elizabeth Town Pa.
8. *Full Name of Father,* Jacob Bauer.
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* New York.

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address,

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11152

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) Mulatto.

3. Date of Birth, 4/16/89

4. Place of Birth, (Street and Number) 759 Vine St:

5. Full Name of Mother, Mary Walker.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Unknown

9. Father's Occupation, .

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Pearce Kuntzing M.D.

Address, 601 W. Franklin St

Remarks, (Child illegitimate.)

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child. A 11163

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth April 16th 1889.

4. Place of Birth, (Street and Number) 2215 N. Charles St.

5. Full Name of Mother, Anna B. Matthews.

6. Mother's Maiden Name, Anna B Webb.

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, Edwd N. Matthews.

9. Father's Occupation, Real Estate Agent.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno F. Powell M.D.

Address, 2124 St. Paul St.

Remarks, Child - Healthy -

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11164

Sex, (State whether male or female) Male

Race or color, (if not of the white race) W

Date of Birth, 16 of April 1889

Place of Birth, (Street and Number) 224 Rock St

Full Name of Mother, Mary Ramsay

Mother's Maiden Name, Conner

Mother's Birthplace, City

Full Name of Father, Edward Ramsay

Father's Occupation, Labor

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. M. A. Lesley

Address, 1004 Lexington St.

Remarks,

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 1165

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 16 april 1899

4. Place of Birth, (Street and Number) 227 south dallas st

5. Full Name of Mother, adda gambell

6. Mother's Maiden Name, adda henson

7. Mother's Birthplace, annandle va

8. Full Name of Father, henry gamble

9. Father's Occupation, labor

10. Father's Birthplace, northamberland va

Name of Medical Attendant, or other Person who makes this Return. hester Henson

Address, 422 south dallas st

Remarks, [illegible]

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 11156

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 17th. 1889

4. *Place of Birth, (Street and Number)* 1312 W. Franklin St.

5. *Full Name of Mother,* May Westerman

6. *Mother's Maiden Name,* May Brown

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Frank Westerman

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohle. M. D.

Address, 1203 W. Fayette St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11167

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17 of April 1889
4. Place of Birth, (Street and Number) No 20 Union St
5. Full Name of Mother, Kate Frye
6. Mother's Maiden Name, Kate Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August M. Frye
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1057 Harford Ave

Remarks, Bal Md

1889

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1115 8

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ ~~male or~~ female),
2. Race or Color (if not of the white race), Black
3. Date of Birth, April 6th 1887
4. Place of Birth (Street and Number), 1412 Calhoun Court
5. Full Name of Mother, Mary E. Smith
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Md
8. Full Name of Father, Thomas B. Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Lizzie Grop Midwife

Address,

Remarks,

each and every [illegible] or practitioner of midwifery, or should no other person [illegible] the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be re[illegible]ed as other fines and forfeitures are recoverable.

[illegible]ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Edward Scheidle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 1169

1. Sex (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 6th 1887
4. Place of Birth, (Street and Number) 1313 West Cor. of
5. Full Name of Mother Elizabeth (Scheidel) Scheidle
6. Mother's Maiden Name Neffinger
7. Mother's Birthplace Wales
8. Full Name of Father Henry (Scheidel) Scheidle
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Wales

Name of Medical Attendant, or other Person who makes this Return. W. L. McKeen

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) A. 1171

1. Sex (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 10th 1889
4. Place of Birth, (Street and Number) 47 S. Poppleton al
5. Full Name of Mother Rosa Ossendorf
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Balto
8. Full Name of Father Rogney Antoine Ossendorf
9. Father's Occupation Watch Maker
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return W. R. McKnew

Address 1401 Lindsley a

Remarks

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Dawson Caulk

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11171

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 12 - 1888
4. Place of Birth, (Street and Number) 531 Chester st
5. Full Name of Mother, Gertie Caulk
6. Mother's Maiden Name, Mathena
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lango Caulk
9. Father's Occupation, Seamen
10. Father's Birthplace, St Michels

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, 924 Bond st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11172

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 13-89
4. Place of Birth, (Street and Number) Borrough St 1509
5. Full Name of Mother, Maria Grolla
6. Mother's Maiden Name, Pleika
7. Mother's Birthplace, Osterrode - Ost Preussen
8. Full Name of Father, Wilhelm Grolla
9. Father's Occupation, Kohlen-Arbeiter
10. Father's Birthplace, Osterrode - Ost Preussen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 11173
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 13th 1889
4. Place of Birth (Street and Number),	1114 Hanover St
5. Full Name of Mother,	Annie E. McNeir
6. Mother's Maiden Name,	Annie E. Shue
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Theodore McNeir
9. Father's Occupation,	Yard Master
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	925 W. Lombard St
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child A 11714

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* april 13 P
4. *Place of Birth (Street and Number)* Baltimore Balton alley 220
5. *Full Name of Mother* mary jane foreman
6. *Mother's Maiden Name* mary jane Smith
7. *Mother's Birthplace* Carcasta Country Virginia
8. *Full Name of Father* David foreman
9. *Father's Occupation* foundation
10. *Father's Birthplace* eastern shore virginia

Name of Medical Attendant, or other Person who makes this return marge goldsfor

Address 1331 Shiebs alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 13 of April 1889
4. Place of Birth, (Street and Number) No 1115 Gratz Ave
5. Full Name of Mother, Lizzie Wittich
6. Mother's Maiden Name, Lizzie Loose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wittich
9. Father's Occupation, Brass finisher
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer
12. Address, No 1059 Harford Ave
13. Remarks, Bal Md 1882

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 13 of April 1884
4. *Place of Birth, (Street and Number)* No 1115 Gratz Ave
5. *Full Name of Mother,* Lizzie Wittich
6. *Mother's Maiden Name,* Lizzie Loose
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wittich
9. *Father's Occupation,* Brass finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1884

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11176

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) white

3. Date of Birth, April 13th 1889

4. Place of Birth, (Street and Number) 701 Lanvale St

5. Full Name of Mother, Genevieve Bissonette

6. Mother's Maiden Name, Genevieve Fanyon

7. Mother's Birthplace, Chicago Ills

8. Full Name of Father, Fred. J. Bissonette

9. Father's Occupation, Harness & Sadlery Business

Father's Birthplace, Connecticut

Name of Medical Attendant, or other person who makes this Return. Amanda Taylor Norris, M.D.

Address, 871 Harlem avenue

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 1177

1. Sex, (state whether male or female) Male-
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 14 1889
4. Place of Birth, (Street and Number) 222 W. Biddle st
5. Full Name of Mother, Ella Taylor-
6. Mother's Maiden Name, " Macdonald
7. Mother's Birthplace, Baltimore Co. Md
8. Full Name of Father, Frank Taylor
9. Father's Occupation, Baggage-master B. & O. R. R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. O. Edward Janney, M.D.

Address 837 N. Eutaw st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11178

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 1th 1889
4. Place of Birth, (Street and Number) Baltimore No 2000 Mchenery Street
5. Full Name of Mother, Mary Whalen
6. Mother's Maiden Name, Mary French
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Whalen
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Gallender Street Baltimore

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11179

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 11th 1889
4. Place of Birth, (Street and Number) No 120 Callender Street
5. Full Name of Mother, Mary Concanon
6. Mother's Maiden Name, Mary Carr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Concanon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd. A 11130
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 1, 1892
4. *Place of Birth, (Street and Number)*	1107 Binney St.
5. *Full Name of Mother,*	Margaret Longood
6. *Mother's Maiden Name,*	Margaret Connelly
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Christian Longood
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary G Lancaster
Address,	128 Guilford Ave
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st, 3rd - A 1115
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st
4. *Place of Birth, (Street and Number)*	837 N. Gay st
5. *Full Name of Mother,*	Mary E Doyle
6. *Mother's Maiden Name,*	" " Hughes
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	John F Doyle
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gorry
Address,	946 N. Gay st
Remarks,	

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A. 11182

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April the first 1889
4. Place of Birth, (Street and Number) 722 Druid Street
5. Full Name of Mother, Harriet Sulter
6. Mother's Maiden Name, Harriet Sulter
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Westly
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Hettie Colance

Address, 509. West Preston Street

Remarks,

J. C. JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth child A 11183

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd
4. *Place of Birth, (Street and Number)* N 714 W. Saratoga St
5. *Full Name of Mother,* Edwina Augusta Hooper
6. *Mother's Maiden Name,* Edwina Augusta Deming
7. *Mother's Birthplace,* Matagorda County Texas
8. *Full Name of Father,* James Abraham Hooper
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* St. Marys County Md.

Name of Medical Attendant, or other person who makes this Return. Hester Cotance N 509 Preston St

Address, 509 Preston Street

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-22-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ivy Alverta MacNew

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11184

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 2, 1889
4. Place of Birth, (Street and Number) 2630 Hutson St.
5. Full Name of Mother, Ida MacNew
6. Mother's Maiden Name, Ida Oliver
7. Mother's Birthplace, Balto
8. Full Name of Father, John MacNew
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 126 Luzerne St.

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 11185

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 2 1889

4. *Place of Birth, (Street and Number)* 1335 Hanover n

5. *Full Name of Mother,* Mary Murray

6. *Mother's Maiden Name,* McDermott

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* John Murray

9. *Father's Occupation,* Salon Keeper

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. H W Webster M D

Address, 403 Hanover st

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11186

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 3 1889
4. Place of Birth, (Street and Number) 1637 Mc Donough St
5. Full Name of Mother, Pauline Mehl
6. Mother's Maiden Name, Nestle
7. Mother's Birthplace, Germany
8. Full Name of Father, George Mehl
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walbur St. Balto Md

Remarks,

CLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child A 1118 7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 3 — 1889.
4. Place of Birth, (Street and Number)	1116 Hanover st.
5. Full Name of Mother,	Maria Fetzer.
6. Mother's Maiden Name,	Kahl.
7. Mother's Birthplace,	Md America.
8. Full Name of Father,	Mike Fetzer.
9. Father's Occupation,	Glass blower.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lehrasser. Midwife.
Address,	1932 Hanover st.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 11188

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 4 1889
4. Place of Birth, (Street and Number) Macgnima all Noo
5. Full Name of Mother, Mary Rimpb
6. Mother's Maiden Name,
7. Mother's Birthplace, Gleimna
8. Full Name of Father, Jakub Rimpb
9. Father's Occupation, Tabor
10. Father's Birthplace. Siemna

Name of Medical Attendant, or other person who makes this Return. Mary Keptis

Address,

Remarks, Washington 205

JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 11189

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, April 4/89
4. Place of Birth, (Street and Number) 109 N. Freidrecke St
5. Full Name of Mother, Mary Resh
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Alex R. Goldsmith

Address, 119 High St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 11190

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 4 1889
4. *Place of Birth, (Street and Number)* Boomberd st 414
5. *Full Name of Mother,* Sebastian Thim
6. *Mother's Maiden Name,* Sebastian Reiedel
7. *Mother's Birthplace,* Geirmam
8. *Full Name of Father,* Sebatian Thim
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Geiaman

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, N Wastington 205

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child A 1491
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 4 — 1889.
4. Place of Birth, (Street and Number)	108 Cross st.
5. Full Name of Mother,	Anna Giesmann.
6. Mother's Maiden Name,	Hart.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Ferdinant Giesmann
9. Father's Occupation,	Glass blower.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 11192
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 5 — 1889.
4. Place of Birth, (Street and Number)	620 Conaway st.
5. Full Name of Mother,	Mary Mc Morrie.
6. Mother's Maiden Name,	Langholz.
7. Mother's Birthplace,	America
8. Full Name of Father,	George Mc Morris
9. Father's Occupation,	Carpenter.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lehnasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 11193

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April. 5, 1889
4. *Place of Birth (Street and Number),* 719 Barre St.
5. *Full Name of Mother,* Elizabeth L. Krebs.
6. *Mother's Maiden Name,* " " DeCoursey
7. *Mother's Birthplace,* Queen Anne Co. Md.
8. *Full Name of Father,* Augustus W. Krebs.
9. *Father's Occupation,* Carpenter and Builder
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Knipp M.D.

Address, 523 Scott St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-3-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary White

A 111941

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 8th - 1890
4. Place of Birth, (Street and Number) 528 Dover st
5. Full Name of Mother, Rebecker White
6. Mother's Maiden Name, Rebecker Ringold
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Isacc White
9. Father's Occupation, Sailor
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return. Gertrude M. Chase

Address, 614 Dover st

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gerel 2 A. 11195

1. Sex (state whether male or female), Female Claira
2. Race or Color (if not of the white race), White
3. Date of Birth, April 14th 1889
4. Place of Birth (Street and Number), 1015 Granby St.
5. Full Name of Mother, Ealy
6. Mother's Maiden Name, Leibovetz
7. Mother's Birthplace, Russia
8. Full Name of Father, Ruben Leibovetz
9. Father's Occupation, Carpentner
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rose Zeiger

Address, 1101 E Lombard St.

Remarks,

...shing Co., City Printers and Stationers

GIVEN NAME ADDED 1-31-55

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Leander Boarman

No. of Child of Mother (state whether [redacted], 3d, &c.) A 11196

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 14th 189[redacted]
4. Place of Birth (Street and Number) 909 Druid Hill Av
5. Full Name of Mother Mary Margaret Boarman
6. Mother's Maiden Name " " Groenenger
7. Mother's Birthplace Battimore City Maryland
8. Full Name of Father Wm H Boarman
9. Father's Occupation Clerk
10. [redacted]'s Birthplace Battimore City Maryland

Name of Medical Attendant, or other Person who makes this Return. Frank W. Germon M.D.

Address 322 N Greene St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 1889

4. Place of Birth, (Street and Number) 846 S. Mary St

5. Full Name of Mother, Susan May Causey.

6. Mother's Maiden Name, " " Johnston.

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm H. Causey

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return Addison L. Fox. M.D.

Address. 504. W Fayette St

Remarks.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11198

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 14th April . 89 —
4. Place of Birth, (Street and Number) 1006 Edmondson ave
5. Full Name of Mother, Mary Lillian Middleton
6. Mother's Maiden Name, " " Bowling
7. Mother's Birthplace, Md
8. Full Name of Father, Arthur R. Middleton
9. Father's Occupation, Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return L. Mason, Hundley

Address, 1002 Edmondson ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11199

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 16th 1889
4. Place of Birth, (Street and Number) 318 chestnut
5. Full Name of Mother, Nancy Galloway
6. Mother's Maiden Name, Nancy Brown
7. Mother's Birthplace, Queensanns County Md.
8. Full Name of Father, Samel Galloway
9. Father's Occupation, Sailor
10. Father's Birthplace, Wilmington North Carolina

Name of Medical Attendant, or other person who makes this Return. Dakota Tomlin

Address, 118 East Street

Remarks,

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11200

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 16 of april
4. Place of Birth, (Street and Number) No 1013 harmony lane
5. Full Name of Mother, ~~Lucie fisher~~ Lucie hairis
6. Mother's Maiden Name, Lucie fisher
7. Mother's Birthplace, Virginia
8. Full Name of Father, Lemuel hairis
9. Father's Occupation, Working the icehouse
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mid Wife

Address, hairett hutson

Remarks, 985 harmoney lane

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, April 18

4. Place of Birth, (Street and Number) Light St 1614

5. Full Name of Mother, Anna Evans

6. Mother's Maiden Name, Anna Betzbach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Evans

9. Father's Occupation, Agent

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas. M. Dolphin

Address,

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11202

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, April 1

4. Place of Birth, (Street and Number) Ohio Avenue 462

5. Full Name of Mother, Mollie Grill

6. Mother's Maiden Name, Mollie Andrews

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Grill

9. Father's Occupation, Truck Repairer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ann M. Adolphus

Address,

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third A. 11203

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, April 2nd 1889

4. Place of Birth (Street and Number), 507 Saratoga St

5. Full Name of Mother, Ida Matilda Cadell

6. Mother's Maiden Name, " " Busser

7. Mother's Birthplace, York Co Pa

8. Full Name of Father, John Franklin Cadell

9. Father's Occupation, Machinist

Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hummer

Address, 212 W. Franklin St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11204

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 2
4. Place of Birth, (Street and Number) Stockholm St
5. Full Name of Mother, Alice Sommer
6. Mother's Maiden Name, Alice Higdon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Sommer
9. Father's Occupation, Engine Wiper Yard 0
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann Ida Adolphus

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00 . CITY PRINTERS AND STATIONERS.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 11205

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3d of April 1889.
4. Place of Birth, (Street and Number) 234 S. Exeter
5. Full Name of Mother, Magie Desmond
6. Mother's Maiden Name,
7. Mother's Birthplace, America
8. Full Name of Father, Timothy Desmond
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter.

Remarks,

J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11206

1. Sex, (State whether male or female) Female Ada
2. Race or color, (if not of the white race) White
3. Date of Birth, April 4th 1889.
4. Place of Birth, (Street and Number) N. Exeter street # 263.
5. Full Name of Mother, Fannie Sher
6. Mother's Maiden Name, Fannie Beigel
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Sher
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

00, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 5th 1889
4. *Place of Birth, (Street and Number)* 1211 McElderry Str
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Susie Sakolsky
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Sakolsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Cacilie Bernstein

Address, 122 S. Exeter St.

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 11208

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 6th 1889.
4. Place of Birth, (Street and Number) 203 S. Eutaw.
5. Full Name of Mother, Annie Walter
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Walter
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein

Address, 122 S. Eutaw.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th **A.** 11209

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 6th 89
4. Place of Birth, (Street and Number) # 129 S Caroline St
5. Full Name of Mother, Mrs Mary Smith
6. Mother's Maiden Name, Mrs Mary Wolbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mo Goetzke

Address, # 1 Hill S Bond St

Remarks,

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 1210

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7 1889
4. Place of Birth (Street and Number) Baltimore No 1723 Light St
5. Full Name of Mother, Florence Knight
6. Mother's Maiden Name, " Roades
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F Knight
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return. Mrs E Donaldson

Address, 1724 Johnson St extended

Remarks, Mother and child are doing well.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Charles George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 W Child A. 11241

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) W White
3. Date of Birth, April 7 W 1889
4. Place of Birth, (Street and Number) Miller St No 1633
5. Full Name of Mother, ~~Louisa~~ George
6. Mother's Maiden Name, Louisa Müller Miller
7. Mother's Birthplace, Lafelsloh Prussia Germany
8. Full Name of Father, George George
9. Father's Occupation, Laborer
10. Father's Birthplace, Strasmünde, Bavaria Germany.

Name of Medical Attendant, or other person who makes this Return. Mary L Müller

Address, N Dallas St No 194

Remarks, GIVEN NAME ADDED. 6-6-54

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Cause a report of this birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 1212

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 8 1879
4. Place of Birth, (Street and Number) Baltimore 2nd orleans st 7th
5. Full Name of Mother, Priscila Barrett
6. Mother's Maiden Name, Priscila Ross
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Thomas Barrett
9. Father's Occupation, Lumber Wagon driver
10. Father's Birthplace, Baltimore Md
11. Name of Medical Attendant, or other Person who makes this Return. Miss Georgiana Wells
12. Address, No 24 alley iron
13. Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A 11213

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Apl 9. 1889
4. Place of Birth, (Street and Number) White Hall Lasuth St Baltimore
5. Full Name of Mother, Melvina Russell
6. Mother's Maiden Name, Melvina Musgrave
7. Mother's Birthplace, Montgomery Co Md
8. Full Name of Father, William Russell
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carol Pl Baltimore Md

Remarks,

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-6-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rena Gundersheimer

A 11214

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Gunpara

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 10th 1889 4 A.M
4. Place of Birth, (Street and Number) 624 German St
5. Full Name of Mother, Caroline Gundersheimer
6. Mother's Maiden Name, Caroline Bergman
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Phillip Gundersheimer
9. Father's Occupation, Merchant
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. A H Fasten M D

Address,

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co. Civic Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 11215

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* May 14 April 11, 1889
4. *Place of Birth, (Street and Number)* 807 Sarah anon St
5. *Full Name of Mother,* Lucasor Stewart
6. *Mother's Maiden Name,* Lucasor Conard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Pet Conard
9. *Father's Occupation,* Rag man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mid Wife

Address, Laurel Hut Lane

Remarks, 935 Harmony Lane

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 11216

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1889
4. Place of Birth, (Street and Number) S. Spring St No 317.
5. Full Name of Mother, Maria Ratke
6. Mother's Maiden Name, Maria Patsch
7. Mother's Birthplace, Deutz - Germany
8. Full Name of Father, Ernst Ratke
9. Father's Occupation, Laborer
10. Father's Birthplace, Tilsau Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st A. 11217
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 12—
4. Place of Birth (Street and Number)	209 Central Ave
5. Full Name of Mother	Annie Francis Johnson
6. Mother's Maiden Name	" Rogerson
7. Mother's Birthplace	England—
8. Full Name of Father	Leander L Johnson
9. Father's Occupation	Printer
10. Father's Birthplace	Baltic
Name of Medical Attendant, or other Person who makes this Return.	J Shipps MD
Address	1434 Orleans
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th Child 11218

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 th 1889
4. Place of Birth, (Street and Number) N Dallas St No 226
5. Full Name of Mother, Kate Hennick
6. Mother's Maiden Name, Kate Kubler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Hennick
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N Dallas St No 114

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11219

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 13th 1889
4. Place of Birth, (Street and Number) 300 Hughes st near Police Station
5. Full Name of Mother, Martina Coston
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, John Coston
9. Father's Occupation, Cove Heaven
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Annie X Johnson (ten)

Address, 108 Wilcox Alley (mark)

Remarks.

CITY PRINTERS AND STATIONERS

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 11220

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13/89
4. Place of Birth, (Street and Number) #1603 Walker St
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, " Houser
7. Mother's Birthplace, Balto County
8. Full Name of Father, Charles Smith
9. Father's Occupation, Baker.
10. Father's Birthplace, Balto County.

Name of Medical Attendant, or other Person who makes this Return. Jno. U. Pickel M.D.

Address, 1312 Chew St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 11221

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1889
4. Place of Birth, (Street and Number) E. Monument St No 2115
5. Full Name of Mother, Maggie Ries
6. Mother's Maiden Name, Maggie Goetz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Ries
9. Father's Occupation, Butcher
10. Father's Birthplace, Aufsetz Bavaria Germany
11. Name of Medical Attendant, or other person who makes this Return. Mary E. Müller
12. Address, N. Dallas St No 184
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11222

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 14 1889
4. Place of Birth, (Street and Number) 509 Maderry ally
5. Full Name of Mother, Martha Chase
6. Mother's Maiden Name, Martha Wilson
7. Mother's Birthplace, Easten Shore
8. Full Name of Father, William Chase
9. Father's Occupation, Laborer
10. Father's Birthplace, Easten Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 432 Regester St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 11223

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15. 1889
4. Place of Birth, (Street and Number) 923 Eastern Ave.
5. Full Name of Mother, Rose Genuerig
6. Mother's Maiden Name, — — Dannig
7. Mother's Birthplace, Italy
8. Full Name of Father, Sejnari Genuerig
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bernstein

Address, 122 S. Exeter st

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d **A.** 11224

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15. 1889
4. Place of Birth, (Street and Number) 204 S. Exeter st
5. Full Name of Mother, Annie Millensohn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Millensohn
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecile Bernstein

Address, 122 S. Exeter st

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11225

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16 1889
4. Place of Birth, (Street and Number) Baltimore No. 1728 Byrd St
5. Full Name of Mother, Freese Foe
6. Mother's Maiden Name, Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Foe
9. Father's Occupation, Car-Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs E Donaldson

Address, 1724 Johnson St entranced

Remarks, Mother and child are doing well.

Upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 11226

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) African,
3. Date of Birth, 4th mo 16th 1889,
4. Place of Birth, (Street and Number) 622 Pennsylvania Ave,
5. Full Name of Mother, Susanah Lloyd,
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia,
8. Full Name of Father, James Lloyd,
9. Father's Occupation, Farmer,
10. Father's Birthplace, Virginia,

Name of Medical Attendant, or other Person who makes this Return. R. M. Matthews, M.D.,

Address, No 289 S. Exeter St,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 11227

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, April 16th 1.89
4. Place of Birth, (Street and Number) 1932 Eastern ave. Balto
5. Full Name of Mother, Katie Fowler
6. Mother's Maiden Name, Katie Summerville
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Washington Fowler
9. Father's Occupation, Engineere
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 1829 E Prat st

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) A 11228

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, April 16th 1889
4. Place of Birth (Street and Number), 1406 N Gilmor
5. Full Name of Mother, Nellie Lavinia Stocksdale
6. Mother's Maiden Name, Love
7. Mother's Birthplace, Near Jerusalem Md
8. Full Name of Father, Thomas Jefferson Stocksdale
9. Father's Occupation, Policeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias le Price M.D.

Address, 953 Madison Ave

Remarks,

Jag Cv., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 11229
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apl. 16/89
4. *Place of Birth (Street and Number)*	1720 Division St.
5. *Full Name of Mother*	Lucy McMakin
6. *Mother's Maiden Name*	Abell
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Geo. McMakin
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. B. Fridinger
Address	867 Hanover Ave.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11230

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17 of April 1889
4. Place of Birth, (Street and Number) No 1305 West St
5. Full Name of Mother, Hannah Hynes
6. Mother's Maiden Name, Hannah Thouhy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Hynes
9. Father's Occupation, Cooper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1057 Harford Ave

Remarks, Bal Md

1889

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelwth. A. 11231
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 17, 1889
4. Place of Birth, (Street and Number)	No 235 Washington st
5. Full Name of Mother,	M. E. Pittenger
6. Mother's Maiden Name,	M. E. Garret
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	R. V. Pittenger.
9. Father's Occupation,	Ship-Carpenter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	No 24 W. S. Chester st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 11232

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 17th
4. Place of Birth (Street and Number) Baltimore City Woodyear st
5. Full Name of Mother Mary Alace Martan
6. Mother's Maiden Name Mary A. Mittan
7. Mother's Birthplace Westminster Carroll County
8. Full Name of Father William Mack Martan
9. Father's Occupation Labourer
10. Father's Birthplace Macklenburgh County N. Carlino

Name of Medical Attendant, or other Person who makes this Return. Mrs G. W. Bush

Address 1603 Pressbery st

Remarks Healthy Robust

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11233

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 17, 89
4. Place of Birth, (Street and Number) 425 W. Biddle
5. Full Name of Mother, Pauline Deiner
6. Mother's Maiden Name, Schloss.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Deiner
9. Father's Occupation, Clothing Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie MD

Address, 600 N Howard St

Remarks,

any such person or persons who shall hereafter fail, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One F. 11234

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 18 1605 Mulliken St
4. Place of Birth, (Street and Number) 1605 Mulliken St
5. Full Name of Mother,
6. Mother's Maiden Name, Ida Stanley
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 432 Register St

Remarks,

Printed by Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 11235

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 14 of 1899
4. Place of Birth, (Street and Number) 107 S. Exeter
5. Full Name of Mother, Mary Flaaper
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Simon Flaaper
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11236
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	April 18th 89
4. *Place of Birth (Street and Number),*	1009 Ridgely St
5. *Full Name of Mother,*	Minnie L. Brude
6. *Mother's Maiden Name,*	Minnie L. Hartlieb
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Brude
9. *Father's Occupation,*	Piano maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	735 W Lombard St
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 11237

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 19th 1889

4. Place of Birth, (Street and Number) No 8 Cooke's Court

5. Full Name of Mother, Elizabeth Rich

6. Mother's Maiden Name, Elizabeth Rich

7. Mother's Birthplace, Richmond Virginia

8. Full Name of Father, George Wallace

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Georgianna Webb

Address, No 24 Iron Alley

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11238

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 19 th
4. Place of Birth, (Street and Number) Colvinst 521
5. Full Name of Mother, Therese Krein
6. Mother's Maiden Name, Deppich
7. Mother's Birthplace, Bayern
8. Full Name of Father, Carl Deppich
9. Father's Occupation, Stizedar
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Schumann

Address, 327 S. Bond St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5 — A 11239

1. Sex, (State whether male or female) Male & female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 19 1899
4. Place of Birth, (Street and Number) 907 Druid Hill Ave
5. Full Name of Mother, Annie M. Mudd
6. Mother's Maiden Name, Presley
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm Mudd
9. Father's Occupation, Dairyman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. David Shedd M.D.

Address, 423 N. Eden St.

Remarks, Twin babies - 1st a male. 2nd female

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventeenth A 11240
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 13' 1889
4. Place of Birth, (Street and Number)	No 2206 Gough st.
5. Full Name of Mother,	E. Kiggins
6. Mother's Maiden Name,	E. Shriveis
7. Mother's Birthplace,	Germany
8. Full Name of Father,	P. Kiggins
9. Father's Occupation,	Processor
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A Pertner.
Address,	No 244 S. Chester st
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11241
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apl 19/89
4. Place of Birth, (Street and Number)	722 N. Fulton Ave
5. Full Name of Mother,	Annie J. Schuster
6. Mother's Maiden Name,	Cullimore
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Schuster
9. Father's Occupation,	Mattress Manufacturer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Spee M.D.
Address,	600 N. Howard St
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11242

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White Race,
3. Date of Birth, April 17/89.
4. Place of Birth, (Street and Number) No. 1640 Light St.
5. Full Name of Mother, Alexina Lantz.
6. Mother's Maiden Name, " Housman.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Victor Lantz.
9. Father's Occupation, Car-Driver.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Annie Jeems.

Address, No. 1714 Light St.

Remarks, Your Respectfully.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 11243

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, April 19th 1889.

4. Place of Birth (Street and Number), #579 Roland Ave.

5. Full Name of Mother, Annie Burton

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Balt. Co. Md

8. Full Name of Father, Clifton A. Burton

9. Father's Occupation,

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. D. S. Williams M.D.

Address, #2414 Carroll St

Remarks, (Woodberry) Balt.

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 112411

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male,
2. Race or Color (if not of the white race), White,
3. Date of Birth, April 19-1889
4. Place of Birth (Street and Number), 814 N Eden St,
5. Full Name of Mother, Virgie Lampkin,
6. Mother's Maiden Name, Virgie Daily,
7. Mother's Birthplace, Balto City
8. Full Name of Father, A. T. Lampkin,
9. Father's Occupation, Milk Man,
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. A. Chambers

Address, 209 N Exeter St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 17215

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 19 89

4. Place of Birth, (Street and Number) 106 Pearl St

5. Full Name of Mother, Ana Heinniegger

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germania

8. Full Name of Father, Ferdinand Heinniegger

9. Father's Occupation, Restaurant (Saloon)

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. J D Kremier M D

Address, 667 W Lexington St

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d 11246
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 19th 1889
4. Place of Birth, (Street and Number)	910 Bailey av
5. Full Name of Mother,	Rebecca. Farmer
6. Mother's Maiden Name,	Rebecca Soper
7. Mother's Birthplace,	Va
8. Full Name of Father,	Will. D. Farmer
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	E. B. Wolfe, M.D.
Address,	301 Warren av
Remarks,	

iected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11247

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 19 of April 1887
4. Place of Birth, (Street and Number)	No 1625 St Joseph St
5. Full Name of Mother,	Theresa Stormer
6. Mother's Maiden Name,	Theresa Higner
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Stormer
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 1057 Harford Ave
Remarks,	Bal Md
	1889

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11248

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2 Race or Color (if not of the white race) White

3 Date of Birth, April 20 1889

4. Place of Birth, (Street and Number) Baltimore No. 1628 Light St

5. Full Name of Mother, Louise Gagan

6. Mother's Maiden Name, " Preston

7. Mother's Birthplace, Virginia

8. Full Name of Father, Oliver Gagan

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs E Donaldson

Address, 1724 Johnson St Extended

Remarks, Mother is doing well but the child is not so well

City Printers and Sta

GIVEN NAME ADDED 9-8-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Lavinia Aaron

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11249

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20 1889
4. Place of Birth, (Street and Number) 900 Battery Avenue
5. Full Name of Mother, Alice Aaron
6. Mother's Maiden Name, Alice Brannan
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Samuel Aaron
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. B. Noble, M.D.

Address, 301 Warren av

Remarks,

...to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11950

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20th 89.
4. Place of Birth, (Street and Number) Canton ave # 1922
5. Full Name of Mother, Mary Narr
6. Mother's Maiden Name, Mary Schuppel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Narr
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C. M. Schutte Jr

Address, S.W. cor. Wolfe st & Canton ave

Remarks,

CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-9-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Stagge

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child A 11251

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 20. April 1889
4. Place of Birth, (Street and Number) 313. Scott st Baltimore MD
5. Full Name of Mother, C V A Stagge
6. Mother's Maiden Name, C V A Henthorn
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, J F H. Stagge
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11262

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Apr 20 " 89
4. Place of Birth, (Street and Number) #1539 Cole St
5. Full Name of Mother, Mrs Emma Estell Barthalow
6. Mother's Maiden Name, " " Hilber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Gardner D. Barthalow
9. Father's Occupation, R R Hatchman " "
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. S. S. Ullrich M D

Address, Pratt & Stricker Sts

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 11253

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1889
4. *Place of Birth, (Street and Number)* S. Spring St No 409
5. *Full Name of Mother,* Mary Herrman
6. *Mother's Maiden Name,* Mary Sander
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Herrman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

BALTIMORE

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. A. 11254

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Stat April 20th 1889
4. Place of Birth, (Street and Number) No. 210 Naers Alley
5. Full Name of Mother, Catherine Bobert
6. Mother's Maiden Name, Catherine Clohr
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Bobert
9. Father's Occupation, Laboror
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Catherine Goll

Address, No. 349 Bentalo St

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11255

1. Sex, (State whether male ~~or female~~) M.
2. Race or color, (if not of the white race)
3. Date of Birth, April 21st '89
4. Place of Birth, (Street and Number) 1519 N. Stricker St.
5. Full Name of Mother, Katherine Devereux
6. Mother's Maiden Name, Don't Know
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, Miles Devereux
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. W. M. Frost, M. D.

Address, 719 W. Saratoga St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 11250

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 21st
4. Place of Birth, (Street and Number) 326 Forest Street
5. Full Name of Mother, Mary A Curtis
6. Mother's Maiden Name, Mary Craig
7. Mother's Birthplace, Raleigh N. Carolina
8. Full Name of Father, Mack Curtis
9. Father's Occupation, Labor
10. Father's Birthplace, Henderson N Carolina

Name of Medical Attendant, or other person who makes this Return. Parkie Hankins

Address, 142 East St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A 11257

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, April 21st 1889
4. Place of Birth (Street and Number), 330 N Charles St
5. Full Name of Mother, Jennie Gibbs Lane
6. Mother's Maiden Name, Gibbs
7. Mother's Birthplace, Canton Ohio
8. Full Name of Father, Martin Lane
9. Father's Occupation, Hardware Merchant
10. Father's Birthplace, Wilmington Del

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 11253
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 1889
4. *Place of Birth, (Street and Number)*	505 Columbia Avenue
5. *Full Name of Mother,*	Emilie Reit
6. *Mother's Maiden Name,*	Emilie Michel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Reit
9. *Father's Occupation,*	Carriver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who make this Return.	H. Alexander Schaefer
Address,	641 S. Paca Street
Remarks,	

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A 11259
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Apl 22/87
4. Place of Birth, (Street and Number)	2204 N Liberty
5. Full Name of Mother,	Lena Lindau
6. Mother's Maiden Name,	" Schoolherr
7. Mother's Birthplace,	Alexandria Va
8. Full Name of Father,	Simon Lindau
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas O'Pie M.D
Address,	600 N Howard St
Remarks,	

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. O'LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 11260
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 22nd 1889.
4. Place of Birth, (Street and Number)	2307 N Calvert st
5. Full Name of Mother,	Fannie Onion
6. Mother's Maiden Name,	" Ludington
7. Mother's Birthplace,	New Haven Conn.
8. Full Name of Father,	Frank Onion
9. Father's Occupation,	Oyster Packer
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	D W Cathell M D
Address,	1308 N Charles st.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotte Ernestine Franzica Metz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child B. 1/22/61

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1889
4. Place of Birth, (Street and Number) N. Dallas St No 1316
5. Full Name of Mother, Florence (Metzger) Metze
6. Mother's Maiden Name, Florence Schaffer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George (Metzger) Metze
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E Müller

Address, N. Dallas St. No 114

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11262

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 22 of April 1889
4. Place of Birth, (Street and Number) Bachmer Lane Georgetown Md
5. Full Name of Mother, Annie Elisabeth Ewrich
6. Mother's Maiden Name, Annie Elisabeth Dilmore
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ewrich
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1059 Stafford Ave

Remarks, Bal Md 1889

Rejected as the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 11263

Sex, (State whether male or female) White

2. *Race or color, (if not of the white race)* Female

3. *Date of Birth,* April 22d 1889

4. *Place of Birth, (Street and Number)* 1932 E Eager st

5. *Full Name of Mother,* H. Lorens

6. *Mother's Maiden Name,* H. Paulenberg

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* J. Lorens

9. *Father's Occupation,* Cutter

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mary Waller

Address, 3031 Caroline

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11261

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Monday Night April 22d 1889
4. Place of Birth, (Street and Number) Ivory Alley 211
5. Full Name of Mother, Annie C. Johnson
6. Mother's Maiden Name, — — —
7. Mother's Birthplace, Clarksville Md
8. Full Name of Father, — — —
9. Father's Occupation, — — —
10. Father's Birthplace, — — —

Name of Medical Attendant, or other person who makes this Return, Mrs Jane D. Castor

Address, #10 Hamilton St City

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 11986

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, April 2nd 1889

4. Place of Birth, (Street and Number) 208 N. Bradfords alley

5. Full Name of Mother, Maria Hutchins

6. Mother's Maiden Name, " Wilkens

7. Mother's Birthplace, Md

8. Full Name of Father, Joseph Hutchins

9. Father's Occupation, Brickyard Laborer

10. Father's Birthplace, E. S. Md

Name of Medical Attendant, or other Person who makes this Return Frances Anderson

Address, Duncan alley

Remarks,

...RS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11266

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 22 1889

4. Place of Birth, (Street and Number) Born on Pressman St Near Etting St

5. Full Name of Mother Mary Amos

6. Mother's Maiden Name,

7. Mother's Birthplace, Lexington Va

8. Full Name of Father, Charlie Wilson

9. Father's Occupation, works in a carpenter shop

10. Father's Birthplace. Lexington Va

Name of Medical Attendant, or other Person who makes this Return [redacted] Eliza Foster

Address, 2009 Etting St

Remarks, Good very good

INTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11267

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White.
3. Date of Birth, April 22d 1889
4. Place of Birth (Street and Number), 126. N Green St.
5. Full Name of Mother, Katie Merfeld,
6. Mother's Maiden Name, Katie Boettigheimer
7. Mother's Birthplace, Balto City,
8. Full Name of Father, Isador Merfeld,
9. Father's Occupation, Cigar Manufactory
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309 N. Exeter St

Remarks,

., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11268

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 11 30 am A. Apr 2 13
4. Place of Birth, (Street and Number) 79 E Randall St City
5. Full Name of Mother, Catherine Florence Busey
6. Mother's Maiden Name, " " Fund
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Edward Busey
9. Father's Occupation, Clerk Treasury Dept Wash D.C.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address, Battery Ave City

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH (ova)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William C. O'Keefe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11269

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 189
4. Place of Birth, (Street and Number) 313 S. High St.
5. Full Name of Mother, Margaret O'Keefe
6. Mother's Maiden Name, Margaret. Carroll
7. Mother's Birthplace, Louisville Ky.
8. Full Name of Father, James William O'Keefe
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J B Saunders Md.

Address, 819 E. Chase St.

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11270

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1st 1889.
4. Place of Birth, (Street and Number) 224 Slemmers Alley
5. Full Name of Mother, Mary Lemert
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, John Lemert
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter str.

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 4 A. 11271

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st of April 1889
4. Place of Birth, (Street and Number) 317 S. Bondst.
5. Full Name of Mother, Cecilie Borae
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abram Borae
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) A 11272

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, April 5th 1879

4. Place of Birth, (Street and Number) 114 N. Monroe

5. Full Name of Mother, Amanda V Peacock

6. Mother's Maiden Name, " " Eckhardt

7. Mother's Birthplace, B. C.

8. Full Name of Father, Chas. E. Peacock

9. Father's Occupation, Merchant

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return. Annan & Hill Drs

Address, 1401 N. Fayette st

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] of ten (10) dollars for each offense to be recovered as [illegible] and forfeitures are recoverable.

[illegible] City Printers and Stationers

Quiz

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Tenley Wambach

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child A 11873

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 1889.
4. Place of Birth, (Street and Number) 16 Gidden st. Gittings
5. Full Name of Mother, Mary (Vambach) Wambach
6. Mother's Maiden Name, (Tenlig) Tenley
7. Mother's Birthplace, America
8. Full Name of Father, Louis (Vambach) Wambach
9. Father's Occupation, Painter.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife.

Address, 1032 Hanover st.

Remarks,

HEALTH DEPARTMENT, BALTIMORE

[illegible] to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

A. 112

A11274

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), 1 mal

2. Race or Color (if not of the white race), White

3. Date of Birth, april tha 8 1889

4. Place of Birth (Street and Number), 39 york Street

5. Full Name of Mother, Marget Shea

6. Mother's Maiden Name,

7. Mother's Birthplace, Washington D C

8. Full Name of Father, Peter Burk

9. Father's Occupation, Lose Shoer

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Mrs am taylor

Address, 41 guilford ally

Remarks,

BALTIMORE

APR 27 1889

Each and every month to the office of the Commissioner of Health, in case the birth of any child shall be in attendance upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11275

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* april 22a 11 1869
4. *Place of Birth (Street and Number),* 1102 Johnston Street
5. *Full Name of Mother,* Mary Mulherney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Brown Cooke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs ann taylor

Address, 41 Guilford alley

Remarks

APR 27 1869 BALTIMORE MD

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A. 11276

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th

4. Place of Birth, (Street and Number) 712 N Mount St —

5. Full Name of Mother, Ellen ~~[illegible]~~ Mentzer

6. Mother's Maiden Name, " Talbot

7. Mother's Birthplace, Md

8. Full Name of Father, Anthony Mentzer

9. Father's Occupation, Gardener

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

...y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11277

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, April 12/89

4. Place of Birth (Street and Number), 1524 E. Monument St.

5. Full Name of Mother, Laura V. McCanna

6. Mother's Maiden Name, " " Jeans

7. Mother's Birthplace, Mt. Washington Balto. Co. Md

8. Full Name of Father, John E. McCanna

9. Father's Occupation, Machinist ~~Blacksmith~~

10. Father's Birthplace, Lankeyan. Ill.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St.

Remarks,

ng Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A 11278

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth Born on the 12 of April 1889
4. Place of Birth, (Street and Number) No 7 Church St
5. Full Name of Mother, Lieggie Scribnies five head Chrilen
6. Mother's Maiden Name, Lieggie Scribnier der
7. Mother's Birthplace, Colbert coney
8. Full Name of Father, John Scribnier
9. Father's Occupation, drive Wagon
10. Father's Birthplace, Colbert Conney

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs

Address, Selden 119 Bet race and clarkers

Remarks, Mrs Spriggs — i would reported before now but i have been Seich

ity Printers and Stationers,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 11279
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 15th
4. Place of Birth, (Street and Number)	811 Plowman St.
5. Full Name of Mother,	Maria Gambardello
6. Mother's Maiden Name,	Guiseppa Mauro
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Vito Gambardello
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Jennie Turet
Address,	23 N. Eden St
Remarks,	

BALTIMORE CITY

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11281

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th
4. Place of Birth, (Street and Number) 1302 N Stricker St
5. Full Name of Mother, Mrs. S. M Emory
6. Mother's Maiden Name, —
7. Mother's Birthplace, Va
8. Full Name of Father, S. M. Emory
9. Father's Occupation, Carpenter
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11841

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth April 16/89.
4. Place of Birth (Street and Number) 757 W. North avenue.
5. Full Name of Mother Mary B. ~~Benzinger~~ Brewer.
6. Mother's Maiden Name Benzinger.
7. Mother's Birthplace Balto. Co.
8. Full Name of Father James R. Brewer.
9. Father's Occupation Editor Evening News.
10. Father's Birthplace Anne Arundel Co.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith. M. D.

Address Harlem ave. & Calhoun st.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Sophia Hahn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11282
1. *Sex. (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 17th 1889
4. *Place of Birth, (Street and Number)*	846 Calto. St.
5. *Full Name of Mother,*	Mary Hahn
6. *Mother's Maiden Name,*	" Kuhlmann
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Robert Hahn
9. *Father's Occupation,*	Merchant
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	C. L. Middendorf
Address,	418 S. Paca St
Remarks,	GIVEN NAME ADDED 3-17-53 L.M.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11285
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 18th
4. Place of Birth, (Street and Number)	708 Fulton ave.
5. Full Name of Mother,	Carrie L. Boyd
6. Mother's Maiden Name,	" " Grove
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles L. Boyd
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Phila. Pa.
Name of Medical Attendant, or other person who makes this Return.	G. L. Baddenhorn
Address,	418 S. Paca st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child A.V. 284
Sex, (state whether male or female)	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	April 19th 1889
4. *Place of Birth, (Street and Number)*	No. 1815 Frederick ave
5. *Full Name of Mother,*	Mrs Dora Tomolen
6. *Mother's Maiden Name,*	Miss Dora Smith
7. *Mother's Birthplace.*	Sweitzer Germany
8. *Full Name of Father,*	Mr Tomolen
9. *Father's Occupation,*	Grave Diger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

KULAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female A 11985
1. Sex, (State whether male or female)	Second.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	April 20, 1889
4. Place of Birth, (Street and Number)	No 235 S. Chester
5. Full Name of Mother,	Mary Connelly
6. Mother's Maiden Name,	Mary Welsch.
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Barlette Connelly
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	No 241 S. Chester.
Remarks,	

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...O. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A. 11286
1. Sex, (state whether male or female)	Little Girl
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	Born 20th of April
4. Place of Birth, (Street and Number)	No 2 Hollins st
5. Full Name of Mother,	Mrs Hook
6. Mother's Maiden Name,	Miss Schoel
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr Jacob Hook
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Born Bayer Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

...for each offense, to be recovered as other fines and forfeitures are recoverable.

...OULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Charles ~~Breitenroder~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 1287
1. Sex, (state whether male or female)	Boy ~~White Race~~
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	April. 20th 1889.
4. Place of Birth, (Street and Number)	No. 2104. Calverton Road
5. Full Name of Mother,	Mrs Katherine (Breitenroder) Breitenroder
6. Mother's Maiden Name,	Miss Katherine Smith
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Ludwig (Breitenroder) Breitenroder
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11288

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Apr 20

4. Place of Birth, (Street and Number) Baltimore Henry Kitty St

5. Full Name of Mother, Louisa Waters

6. Mother's Maiden Name, Louisa Dowdy

7. Mother's Birthplace, Lancaster County Via

8. Full Name of Father, gilbert waters

9. Father's Occupation, dray man

10. Father's Birthplace, Lancaster County Via

Name of Medical Attendant, or other Person who makes this Return. Catharine Riley

Address, 26 Russell St

Remarks,

APR 21 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9. Child A 11289
Sex, (State whether male or female)	Little Boy
2. Race or color, (if not of the white race)	White race.
3. Date of Birth,	21st April 1889
4. Place of Birth, (Street and Number)	No 306 Payson st
5. Full Name of Mother,	Mrs. Kreiss
6. Mother's Maiden Name,	Min Grass
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	A Greiss
9. Father's Occupation,	Brewer
Father's Birthplace,	Beyern Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11290

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, April 21st 1889

Place of Birth, (Street and Number) Warner Street #1124

Full Name of Mother, Georgianna Johnson

Mother's Maiden Name, " " Brown

Mother's Birthplace, Kent Island Queenannies Co Md

Full Name of Father, S. William Johnson

Father's Occupation, Grain Measure

Father's Birthplace, Kent Island Queenanna Md

Name of Medical Attendant, or other Person who makes this Return Sarah A Brown

Address, #827 China St

Remarks, ~~[illegible]~~

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A. 11291
1. Sex, (State whether male or female)	Female.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 22/1889
4. Place of Birth, (Street and Number)	Nr 2229 Gough st.
5. Full Name of Mother,	Mary S Proll
6. Mother's Maiden Name,	Mary Rheil.
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	H. Rheil.
9. Father's Occupation,	Captain of Tug. Boat.
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Peters
Address,	Nr 241 S Chester st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11292

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 23 1889
4. *Place of Birth, (Street and Number)*	2201 Essig St
5. *Full Name of Mother,*	Annie Gray
6. *Mother's Maiden Name,*	" Mandler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Gray
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

LOULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11293

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 23 1889
4. Place of Birth, (Street and Number)	521 N. Bond St
5. Full Name of Mother,	Elizabeth Weaver
6. Mother's Maiden Name,	Silversahn
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry Weaver
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 11294

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 23rd

4. *Place of Birth, (Street and Number)* 511 So Howard St

5. *Full Name of Mother,* Maggie Oberle

6. *Mother's Maiden Name,* Maggie Straus

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Oberle

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 641 So Paca St

...LANY & CO., CITY PRINTERS AND STATIONERS

...ction shall be sub-... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 11295

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored Race
Date of Birth,	23th of april 1889
Place of Birth, (Street and Number)	1945 Bare Street
Full Name of Mother,	Sidonia Phillips
Mother's Maiden Name,	Sidonia Davis
Mother's Birthplace,	Baltimore Maryland
Full Name of Father,	Robert Phillips
Father's Occupation,	Wood and Coal
Father's Birthplace,	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	assisted by doctor Jernon
Remarks,	615 Riley Street

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11296

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1889
4. Place of Birth, (Street and Number) 205 N. Bond st
5. Full Name of Mother, Mary E Maloney
6. Mother's Maiden Name, " " Rodgers
7. Mother's Birthplace, City
8. Full Name of Father, Michael A. Maloney
9. Father's Occupation, Health Dept
10. Father's Birthplace, Washington DC

Name of Medical Attendant, or other person who makes this Return. Cresintia Kunkle

Address, 213 N Chapel st per Justina Kunkle

Remarks, Healthy

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 11297

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, 24 April
4. Place of Birth, (Street and Number) 1100 Sarah Ann st.
5. Full Name of Mother, Louisa Belz
6. Mother's Maiden Name, Howard Billy
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, William Belz
9. Father's Occupation, Milk dealer
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbaum

Address, 418 S. Paca st.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Caroline — Diedrich

A. 11298

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 25 1889
4. Place of Birth, (Street and Number) 1635 Madison St.
5. Full Name of Mother, Emma Diedrich
6. Mother's Maiden Name, " Sangheinrich
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Alexander Diedrich
9. Father's Occupation, Manichest
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks, GIVEN NAME ADDED. 8-18-53

L.M.

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 11299

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) F.
2. Race or Color (if not of the white race) Semitic
3. Date of Birth 425 Constant St
4. Place of Birth (Street and Number) 25. April 1889
5. Full Name of Mother Mrs. Steinert
6. Mother's Maiden Name Steinert
7. Mother's Birthplace Germany
8. Full Name of Father ~~Germany~~ Martin Steinert
9. Father's Occupation R.R.R.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address

Remarks The above factors was not viable - the heart beat, it gasped and moved its limbs for 10 minutes or so, but nothing could prolong its brief existence. Mr. Johnston

Micarried at 5 months Cause Unknown

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11300

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 26 of April 1889
4. Place of Birth, (Street and Number)	No 1050 Friend St
5. Full Name of Mother,	Mary Henkel
6. Mother's Maiden Name,	Mary Kauch
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Henkel
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lauer
Address,	No 1057 Hanford Ave
Remarks,	Bal Md
	1889

BIRTH DEPARTMENT APR 1889 BALTIMORE MD

...ULANY & CO., CITY PRINTERS AND STATIONERS

...this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th. A 11301

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 1st 1889.
4. Place of Birth, (Street and Number) #1513 Jefferson St.
5. Full Name of Mother, Julia Hesse.
6. Mother's Maiden Name, " Coleman.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Chris. Hesse.
9. Father's Occupation, Cabinet Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

HEALTH DEPARTMENT, MAY 1889 BALTIMORE, MD.

...ers for each offense, to be recovered as other fines and forfeitures are recoverable.

...LAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. A. 11302

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, April 1.
4. Place of Birth, (Street and Number) 516. Hamburg Str.
5. Full Name of Mother, Agnes Graefe
6. Mother's Maiden Name, " Fritschner.
7. Mother's Birthplace, Osterode. Germ.
8. Full Name of Father, Herman E. Graefe
9. Father's Occupation, Piano maker
10. Father's Birthplace, Langensalza Germ.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 800 Sauerwald Street

Remarks,

MAY 1 1889 BALTIMORE MD.

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A** 11303

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1
4. Place of Birth, (Street and Number) 1000 Hannover St
5. Full Name of Mother, Johanne Quister
6. Mother's Maiden Name, Johanne Fleck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Heinrich Willhelm Quister
9. Father's Occupation, Cigarmacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street.

Remarks,

HEALTH OFFICE MAY 1 1899

...ANY & CO., CITY PRINTERS AND STATIONERS

...section shall be sub-... be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10th child A. 11304

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born 2nd day of April.
4. Place of Birth, (Street and Number) E. West street. # 1143
5. Full Name of Mother, Sarah Jane. Murray.
6. Mother's Maiden Name, Sarah Jane. Skinner.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Murray.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return. Catherine Munch
Address, 800 Leadenhall St.
Remarks,

MAY 1 1880

...ALANY & CO., CITY PRINTERS AND STATIONERS

...section shall be sub-... to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th A 11305
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	April the 2th
4. Place of Birth, (Street and Number)	Baltimore Fort Dr 949
5. Full Name of Mother,	Mary C Metzger
6. Mother's Maiden Name,	Keck
7. Mother's Birthplace,	Fredrick
8. Full Name of Father,	Fredrick H Metzger
9. Father's Occupation,	laborer
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return.	Elizabeth D Heathcorn
Address,	1564 light st
Remarks,	

MAY 1 1888

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

A 11306

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1889
4. Place of Birth, (Street and Number) #913 Stirling St.
5. Full Name of Mother, Lina Kreisel
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Kreisel.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

HEALTH DEPARTMENT, MAY 1 1889 BALTIMORE, MD.

Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A 1307
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 4
4. *Place of Birth, (Street and Number)*	Baltimore 123 East Stret
5. *Full Name of Mother,*	Mary E Jones
6. *Mother's Maiden Name,*	Mary E Preston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James A Young
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson
Address,	1010 douglas Street
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 11308

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5-97
4. Place of Birth, (Street and Number) 6c & Watermans Court
5. Full Name of Mother, Jennie Krauss
6. Mother's Maiden Name, Jennie Volk
7. Mother's Birthplace, New York Harbor
8. Full Name of Father, Samuel Krauss
9. Father's Occupation, Music Teacher. Bugler
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. M. Laura Canning M.D.

Address, 930 Madison Ave

Remarks,

or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11309

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 minutes of 12 5th of ~~[illegible]~~ April

4. Place of Birth, (Street and Number) 809 Leadenhall St

5. Full Name of Mother, Annie Cecilia Knapp

6. Mother's Maiden Name, Annie Cecilia Thurn

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry C Knapp

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 809 Leadenhall

Remarks,

[illegible] to the fine of ten [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] CULARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child A. 4310
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 6th 1889
4. Place of Birth, (Street and Number)	No. 332 N Schroeder St
5. Full Name of Mother,	Elizabeth. Williams
6. Mother's Maiden Name,	" Weiss
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	Charles E. Williams
9. Father's Occupation,	Scroll sawer
10. Father's Birthplace,	Howard County md
Name of Medical Attendant, or other person who makes this Return,	Mrs Dinnler
Address,	217 Schroeder St.
Remarks,	

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-12-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucinda Theresa Ganzhorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st A. 11311

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1889
4. Place of Birth, (Street and Number) 1263 Fremont Street
5. Full Name of Mother, Mary L Ganzhorn
6. Mother's Maiden Name, Mary L Meginey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert G Ganzhorn
9. Father's Occupation, Park Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mesenzeh

Address, 1507 Pennsylvania Ave

Remarks,

GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st A. 11312

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1889
4. Place of Birth, (Street and Number) 897 Pennsylvania Avenue
5. Full Name of Mother, Christena Laubach
6. Mother's Maiden Name, Christena Heller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Laubach
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Messenkop

Address, 1507 Pennsylvania Ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 4-14-54

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Name: Clickner Ehrlich

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A 11313

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 day of April, 1889
4. Place of Birth, (Street and Number) 805 Light Street
5. Full Name of Mother, Susan Ehrlich
6. Mother's Maiden Name, Susan Dove
7. Mother's Birthplace, Gaitherburg Montgomery Co. Md
8. Full Name of Father, Herman O. Ehrlich
9. Father's Occupation, Safes Maker
10. Father's Birthplace, Egeln, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Munch

Address, 800 Leadenhall St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A. 11314

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 8th 1889
4. Place of Birth, (Street and Number) 832 N Stricker St
5. Full Name of Mother, Mary E Skinner
6. Mother's Maiden Name, Mary E Polson
7. Mother's Birthplace, Kent Island
8. Full Name of Father, Chas G Skinner
9. Father's Occupation, Clerk
10. Father's Birthplace, Queen Anne Co. Md

Name of Medical Attendant, or other Person who makes this Return. M. L. Warner M.D.

Address, Cor Lafayette Ave & Stricker St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 11315

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 8th 1892.
4. Place of Birth, (Street and Number) 2315 Canton ave
5. Full Name of Mother, Annie Schmidt.
6. Mother's Maiden Name, " " Schreiner.
7. Mother's Birthplace, City
8. Full Name of Father, August Schmidt.
9. Father's Occupation, Grocer.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1743 Bank st.

Remarks,

any such person or persons who shall, hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Margaretta Rommel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11376

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 8th 1889.
4. Place of Birth, (Street and Number) #1405 Central Av.
5. Full Name of Mother, Louisa Rommel.
6. Mother's Maiden Name, Beneke.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Edgar Baker.
9. Father's Occupation, Fred. Rommel.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Emma Hellegeist

Address, #1038 E. Monument St.

Remarks, GIVEN NAME ADDED 2-18-54 L.M.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

BALTIMORE, MD. MAY 1

J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3 rd A 1317

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8 th 1889
4. Place of Birth, (Street and Number) 588 Baker Street
5. Full Name of Mother, Emma Hasson
6. Mother's Maiden Name, Emma Kennedy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene Hasson
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Baumgold

Address, 1507 Pennsylvania Ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11318

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7th 1889.
4. Place of Birth, (Street and Number) 871 Dallas st.
5. Full Name of Mother, Augusta Nisslein.
6. Mother's Maiden Name, " " Straup.
7. Mother's Birthplace, ~~Labrer~~ City
8. Full Name of Father, George Nisslein.
9. Father's Occupation, Laborer.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Belz

Address, 1744 Bank st

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11319

Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, April 9

Place of Birth, (Street and Number) 528 Light St

Full Name of Mother, Mary Kunnecke

Mother's Maiden Name, Mary Jacobs

Mother's Birthplace, Baltimore

Full Name of Father, Frederick Kunnecke

Father's Occupation, Liquor Dealer

Father's Birthplace, Kingdom Hanover Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dunker

Address, 217 Schroeder St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11321

Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, April 10th "

Place of Birth, (Street and Number) 1922 Lemon st

Full Name of Mother, Caroline Klingebiel

Mother's Maiden Name, Caroline Hoffman

Mother's Birthplace, Hammen, Kassel, Germany

Full Name of Father, Henry Klingebiel

Father's Occupation, Butcher

Father's Birthplace, Petze Hanover Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Lemmler

Address, 217 Schroeder St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 11321

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Apr. 10th 1889.
4. Place of Birth, (Street and Number) #30 S. Exeter St.
5. Full Name of Mother, Margaret Craig.
6. Mother's Maiden Name, " McDonald.
7. Mother's Birthplace Ireland.
8. Full Name of Father, Samuel Craig.
9. Father's Occupation, Sail Maker.
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11329

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 10th 1889
4. Place of Birth, (Street and Number) Balt Gough St No 1926
5. Full Name of Mother, Clara Magnus
6. Mother's Maiden Name, Clara Hartlove
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A Magnus
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No 2321 E. Fayette St.

Remarks,

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Otto F. Hildebrand (over)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11328

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Apr. 11th 1889.
3. Date of Birth, White
4. Place of Birth, (Street and Number) #1102 McDonough St.
5. Full Name of Mother, Julia Hildebrand.
6. Mother's Maiden Name, Schauermann.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Chas. Hildebrand.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

HEALTH DEPARTMENT MAY 1 1889

DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11324

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 12th 1889
4. Place of Birth, (Street and Number)	1853 Fremont St
5. Full Name of Mother,	Lena Laughlin
6. Mother's Maiden Name,	Lena Schulte
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Laughlin
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Messerschmidt
Address,	1507 Pennsylvania Ave
Remarks,	

MAY 1889

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 11326

1. Sex, (~~State whether male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, April 14th 1889
4. Place of Birth, (~~Street and Number~~) Rogers Hill in Annex
5. Full Name of Mother, Lena Aro
6. Mother's Maiden Name, " Cole
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, David H. Aro
9. Father's Occupation, Silver Plater
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R.G. Rankin M.D.

Address, Waverly Baltimore Md.

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11326

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th
4. Place of Birth, (Street and Number) 914 Hollins St
5. Full Name of Mother, Barbara Shasson
6. Mother's Maiden Name, Barbara Dunzler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Dennis Shasson
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dunzler

Address, 217 N Schroder St

Remarks,

HEALTH DEPARTMENT JAN 1 1889 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11327

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, April the 15th
4. Place of Birth, (Street and Number) Baltimore light st 1630
5. Full Name of Mother, Mary J neill
6. Mother's Maiden Name, gavin
7. Mother's Birthplace, virginia
8. Full Name of Father, Charles J Neill
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn

Address, 1514 light st

Remarks,

HEALTH DEPARTMENT MAY 1 1888 BALTIMORE CITY

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11328

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 16th 1889.
4. *Place of Birth, (Street and Number)* #604 E. Madison St.
5. *Full Name of Mother,* Ella McCabe.
6. *Mother's Maiden Name,* " McIntyre.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Chas. McCabe.
9. *Father's Occupation,* Brass Moulder.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

BALTIMORE, MD.

...ULAN & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 7-21-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth A. Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11329

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 18th 89
4. Place of Birth, (Street and Number) #1617 Latrobe St
5. Full Name of Mother, Susan Thompson
6. Mother's Maiden Name, Susan Linegen
7. Mother's Birthplace, Harford Co. Md
8. Full Name of Father, John Thompson
9. Father's Occupation, Pointing and Painting
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. George L. Staley

Address, #1628 N. Calvert St

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A 11330

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1889
4. Place of Birth, (Street and Number) #714 Forrest St.
5. Full Name of Mother, Mary Pool
6. Mother's Maiden Name, " Reynolds.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Benjamin Pool.
9. Father's Occupation, Silver Plater
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Villegeist

Address, #1038 E Monument St

Remarks,

HEALTH DEPARTMENT, MAY 1 1889 BALTIMORE, MD.

...ULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 11331

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 17. 1889

4. Place of Birth, (Street and Number) 213 W. Welcome Alley

5. Full Name of Mother, Charlotte Seitz

6. Mother's Maiden Name, Charlotte Langewicks

7. Mother's Birthplace, Germany

8. Full Name of Father, John Seitz

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnish

Address, 900 Leadenhall Street

Remarks,

HEALTH ... MAY 1 ... BALTIMORE, MD.

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11532

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether [redacted] or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Born on the 17 of April.
4. Place of Birth, (Street and Number) 928 E Pevan st
5. Full Name of Mother, Catherine Loabel.
6. Mother's Maiden Name, Cathrin Schneider.
7. Mother's Birthplace, Germay
8. Full Name of Father, John Loabel,
9. Father's Occupation, at Baltimore Ohio.
10. Father's Birthplace, Germay

Name of Medical Attendant, or other person who makes this Return. Catherine [illegible]

Address, 800 Leadenhall St.

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 11333

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 18th 1889.
4. *Place of Birth, (Street and Number)* 634 Bank st.
5. *Full Name of Mother,* Cathern Neiberlein.
6. *Mother's Maiden Name,* " " Stoppman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John. Neiberlein
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st.

Remarks,

GRADED DEPARTMENT, MAY 1889 BALTIMORE

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11334

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 18th 1889.

4. Place of Birth, (Street and Number) 2023 Jefferson st.

5. Full Name of Mother, Louise Weber.

6. Mother's Maiden Name, " " Helbrick.

7. Mother's Birthplace, City

8. Full Name of Father, George Weber

9. Father's Occupation, Baker.

10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st.

Remarks,

HEALTH DEPARTMENT BALTIMORE MAY 1 1889

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) A 11335

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 18th 1889
4. *Place of Birth, (Street and Number)* 1301 Hanover St cor Ostend St
5. *Full Name of Mother,* Mrs Annie Meyers
6. *Mother's Maiden Name,* Rush
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* G. H. Meyers
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katherine Münch

Address, 800 Fourteenth Street

Remarks,

MAY 1 1889

...LARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 11336

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 18. 1889.
4. Place of Birth, (Street and Number) 723 Cumberland St.
5. Full Name of Mother, Jane Teresa Beibleheiser
6. Mother's Maiden Name, Cullen
7. Mother's Birthplace, England
8. Full Name of Father, Chas. B. Beibleheiser
9. Father's Occupation, Car Driver
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d **A.** 11337

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1889
4. *Place of Birth, (Street and Number)* 325 11th Baltimore (Annex)
5. *Full Name of Mother,* Thomazin G. Maynard
6. *Mother's Maiden Name,* " " Gawn
7. *Mother's Birthplace,* Washington D C.
8. *Full Name of Father,* Egbert P Maynard
9. *Father's Occupation,* Patern Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin MD

Address, Waverly Balto Md

Remarks,

HEALTH DEPARTMENT PR 29 1889 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 29 1889 BALTIMORE

A 11338

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 19th 1889

4. Place of Birth, (Street and Number) Crosally 5. 20

5. Full Name of Mother, Eliza V Hill

6. Mother's Maiden Name, Eliza V Colver

7. Mother's Birthplace, West Va

8. Full Name of Father, Charles Hill

9. Father's Occupation, Marble Polisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, 1008 Shieldsalley

Remarks,

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11339

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 19. 1889.
4. Place of Birth, (Street and Number) 1104 N. Fremont Ave.
5. Full Name of Mother, Annie W. Hartung
6. Mother's Maiden Name, Weisenborn
7. Mother's Birthplace, Germany
8. Full Name of Father, Theodore Hartung
9. Father's Occupation, Barber
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. W. Christian, M.D.

Address, 1821 Madison Ave

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth 13th A 1134 0

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1889
4. *Place of Birth, (Street and Number)* 2332 Pennsylvania Ave
5. *Full Name of Mother,* Emily Tracy
6. *Mother's Maiden Name,* Emily Stevens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Tracy
9. *Father's Occupation,* Stone Mason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Mesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11341

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, April 20th 1889

4. Place of Birth, (Street and Number) 303 11th St Baltimore (Apart)

5. Full Name of Mother, Carrie Eisinger

6. Mother's Maiden Name, " Witzel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lenard P. Eisinger

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Rankin M D

Address, Waverly - Baltimore Md -

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th A 11342

1. Sex, (state whether male or female) Female Anna Martha

Race or Color, (if not of the white race) white Richter

3. Date of Birth April 20th 1889

4. Place of Birth, (Street and Number) 1839 W Lanvale St

5. Full Name of Mother, Mary Richter

6. Mother's Maiden Name, Mary Buck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Richter

9. Father's Occupation, Carpenter & Builder

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. M K Warner M.D.

Address, Cor Lafayette & Stricker St

Remarks,

GIVEN NAME ADDED 4/30/54 [illegible]

HARDING DEPARTMENT BALTIMORE APR 29

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11343

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 29, 1889
4. *Place of Birth, (Street and Number)*	700 Luzerne St.
5. *Full Name of Mother,*	Jane Tiecham
6. *Mother's Maiden Name,*	Jane Richardson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Tiecham
9. *Father's Occupation,*	Shipcarpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Pearl H. Klemm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Chs. A. 11341
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 21, 1899
4. Place of Birth, (Street and Number)	1109 Chesapeake St.
5. Full Name of Mother,	Margaret Klemm
6. Mother's Maiden Name,	Margaret Vanpel
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Christopher Klemm
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Savagne
Address,	726 Luzerne St.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11345

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 1859
4. *Place of Birth, (Street and Number)*	Parkin st 317
5. *Full Name of Mother,*	Ella Scott
6. *Mother's Maiden Name,*	Ella Johnson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Scott
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11346

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 21st 89
4. *Place of Birth, (Street and Number)* #455 Pinkney Place
5. *Full Name of Mother,* Jean Harmony
6. *Mother's Maiden Name,* Jean Satteau
7. *Mother's Birthplace,* Zierenberg Germ.
8. *Full Name of Father,* Henry Charles Harmony
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Odelsheim Germ.

Name of Medical Attendant, or other person who makes this Return. George Lewis Staley

Address, #1628 Calvert St

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11347

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Coled
3. Date of Birth, April 21th 1889
4. Place of Birth, (Street and Number) Baltimore Cis nort 11.10 al
5. Full Name of Mother, Mary smith
6. Mother's Maiden Name, Mary Chue
7. Mother's Birthplace, St mary Co Md
8. Full Name of Father, Charles smith
9. Father's Occupation, Water
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, 1008 Shieldsalley

Remarks,

APR 29 1889

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11348

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. [redacted], (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 21st 1881

4. Place of Birth, (Street and Number) 810 Pecos St

5. Full Name of Mother, Jannie Johnson

6. Mother's Maiden Name, Jannie Powel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Johnson

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, Jefferson County

11. Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, 1008 Shields alley

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11349

ild of Mother, (state whether 1st, 2d, 3d, &c.) 2

st[illegible] whether male or female) Male

or Color, (if not of the white race)

of Birth, April 21th 1889.

e of Birth, (Street and Number) 507 Ann st.

Name of Mother, Augusta Weaver.

her's Maiden Name, " Wolf City

her's Birthplace,

ll Name of Father, Charles Weaver.

ther's Occupation, Cigar Maker. Germany

ther's Birthplace,

[illegible]f Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

ddress, 1744 Bank st.

emarks,

DULTY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 11-27-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Mary Benjamin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11350

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 22nd 1889
4. Place of Birth, (Street and Number) 220 S. Collington Avenue
5. Full Name of Mother, Mollie G. Benjamin
6. Mother's Maiden Name, " " Beckwith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Benjamin
9. Father's Occupation, Clerk
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. James O. J. Shane, M.D.

Address, 2225 E. Pratt St.

Remarks,

HEALTH DEPARTMENT APR 2 1889

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-23-51

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Loretta Flora Dietrich

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A. 11551

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 22nd 1889
4. *Place of Birth, (Street and Number)* Franklin St Ext
5. *Full Name of Mother,* Nettie Dietrich
6. *Mother's Maiden Name,* Nettie
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robt Dietrich
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs L Warner M.D.

Address, Cor Lafayette Ave & Stricker St

Remarks,

HEALTH DEPARTMENT

for each offence to be recovered as other [illegible]

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 11352

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 22. 1889
4. *Place of Birth, (Street and Number)* 1530 Argyle
5. *Full Name of Mother,* Mamie Winters
6. *Mother's Maiden Name,* Kenney
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Austin Winters
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821. Madison ave.

Remarks,

MAY 1 1889

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11303

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 22, 1889
4. Place of Birth, (Street and Number) 700 Burke St.
5. Full Name of Mother, Mary Klemm
6. Mother's Maiden Name, Mary Seifert
7. Mother's Birthplace, Balto
8. Full Name of Father, George Klemm
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Lavayne

Address, 1726 Luzerne St.

Remarks,

jected to the fine of ten (10) dollars for each offence.

00, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 29 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11354

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Coled
3. Date of Birth, April 23d 1889
4. Place of Birth, (Street and Number) 112 Sarah ann St
5. Full Name of Mother, Anna Bell Milburn
6. Mother's Maiden Name, Anna Bell yates
7. Mother's Birthplace, St mary Co Maryland
8. Full Name of Father, Charles Henry Melbern
9. Father's Occupation, Riping
10. Father's Birthplace, St mary Co moryland

Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, 1008 Shields ally

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

o the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 11355

of Mother, (state whether 1st, 2d, 3d, &c.) first

hether Male or Female) female

lor (if not of the white race) colored

rth april 23rd

irth (Street and Number) China St second house from Ke st

of Mother Mary eliza Rollins

iden Name Mary eliza Willis

rthplace Anapolis

f Father Levi Rollins

upation labourer

thplace calvert county

lical Attendant, or other Person who makes this return Marity M Boulden

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th A 11350

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 23 april
4. *Place of Birth, (Street and Number)* 1704 Lafayette Ave
5. *Full Name of Mother,* Kate Wheeler
6. *Mother's Maiden Name,* Kate Hamilton.
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Thomas R Wheeler
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. M K Warner M D

Address, Cor Lafayette Ave & Stricker

Remarks,

HEALTH DEPARTMENT ... APR 29 ... BALTIMORE

... City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 11357

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aprile 23d.
4. Place of Birth, (Street and Number) 645 Buren St.
5. Full Name of Mother, Annie Louisa Mettee
6. Mother's Maiden Name, Annie Louisa Young
7. Mother's Birthplace, 645 Buren St.
8. Full Name of Father, Andrew Hawks Mettee
9. Father's Occupation, Laborer
10. Father's Birthplace, Monument St.

Name of Medical Attendant, or other Person who makes this Return. G. Woodem

Address, 996 Greenmount Av

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 29 188[illegible] BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child A 11358

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23 1889
4. Place of Birth, (Street and Number) 732 Pierce St
5. Full Name of Mother, Mary Catharine Flora
6. Mother's Maiden Name, Mary C Flora
7. Mother's Birthplace, Germana
8. Full Name of Father, George Fory
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pappelton St

Remarks,

HEALTH DEPARTMENT APR 23 1889 BALTIMORE

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11350

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (State whether male or female)	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 23rd 1889
4. *Place of Birth, (Street and Number)*	Fulton st 534
5. *Full Name of Mother,*	Louisa S Speddon
6. *Mother's Maiden Name,*	Louisa Sapp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W Speddon
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

03, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) A. 11360

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 of April
4. Place of Birth, (Street and Number) 921 ~~No~~ Hanover St.
5. Full Name of Mother, Susanna Eckhardt
6. Mother's Maiden Name, Susanna Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Eckhardt
9. Father's Occupation, Shoe Fitter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Kathrena Munch

Address, 800 Rodenhall St

Remarks,

MAY 1 1889

BALTIMORE

[illegible] of the name of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 3rd A 11361

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23 rd
4. Place of Birth, (Street and Number) No. 10 New Street
5. Full Name of Mother, Anna Price
6. Mother's Maiden Name, Anna Werner
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Price
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

MAY 1 1889

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 11362
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23rd 1889
4. Place of Birth, (Street and Number)	936 N. Baltimore St
5. Full Name of Mother,	Annie Theresia Lears
6. Mother's Maiden Name,	Annie Theresia Blume
7. Mother's Birthplace,	Calmsville Balto Co Md
8. Full Name of Father,	Clemens Henry Lears
9. Father's Occupation,	Mattress and Bedding Manufr
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ammler
Address,	217 Schroeder St.
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11363
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white race
3. Date of Birth,	april the 23th
4. Place of Birth, (Street and Number)	Baltimore sandle st No 34
5. Full Name of Mother,	williamind perkins
6. Mother's Maiden Name,	gurney
7. Mother's Birthplace,	northcarlina
8. Full Name of Father,	Eugen perkins
9. Father's Occupation,	labour
10. Father's Birthplace,	Newgerzy
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Flatkarn
Address,	1514 light st
Remarks,	

Subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A 1136

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 24th 1889
4. Place of Birth, (Street and Number) 411 New St Cor of Jasper Street
5. Full Name of Mother, Amelia M. Stepney. Jr.
6. Mother's Maiden Name, Amelia M. Butler.
7. Mother's Birthplace, Balto City
8. Full Name of Faiher, Charles Richard Stepney. Jr.
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Duval

Address, No 213 Jasper St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 11365

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 24th 1889
4. Place of Birth, (Street and Number) Baltimore 838 Parkave
5. Full Name of Mother, Leggie Moody
6. Mother's Maiden Name, Liggie Powell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Moody
9. Father's Occupation, Butter
10. Father's Birthplace, Easton Maryland

Name of Medical Attendant, or other person who makes this Return. Collester Cook

Address, 1008 Shields alley

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 29 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 11366

1. Sex, (state whether male or female) fremale
2. Race or Color, (if not of the white race) Coled
3. Date of Birth, 24th April 1889
4. Place of Birth, (Street and Number) 609 Chesnut St
5. Full Name of Mother, Anna Poreks
6. Mother's Maiden Name, Ina pitte
7. Mother's Birthplace, Isaac County va
8. Full Name of Father, John Poreks
9. Father's Occupation, Saylor
10. Father's Birthplace, Aimack County

Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, 1008 Shields alley

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11367

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) very bright

3. Date of Birth, 24th of April

4. Place of Birth, (Street and Number) Wagon alley 1070

5. Full Name of Mother, Elizey Thomas

6. Mother's Maiden Name, Elizey Thomas

7. Mother's Birthplace, City

8. Full Name of Father, John Parker

9. Father's Occupation, bar tender

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Isaac Somerville

Address, 16 Clinton ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11868

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24. 1889
4. Place of Birth, (Street and Number) 629 Mosher
5. Full Name of Mother, Nellie Coleman
6. Mother's Maiden Name, Bannan
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Chas. J. Coleman
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. H. C. Smith M.D

Address, 1821 Madison Ave

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A. 11369
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	april the 24th
4. Place of Birth, (Street and Number)	Baltimore Flamburg 9th d. 24
5. Full Name of Mother,	Mary C Borman
6. Mother's Maiden Name,	Brawn
7. Mother's Birthplace,	germaney
8. Full Name of Father,	william H Borman
9. Father's Occupation,	labour
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	1514 light st
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11370

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Apr 25. 89
4. Place of Birth, (Street and Number) 746 Frederick Ave
5. Full Name of Mother, Mrs Ada Scott
6. Mother's Maiden Name, " Scott
7. Mother's Birthplace, Parkersburg W Va.
8. Full Name of Father, Henry F Scott
9. Father's Occupation, Telephone Inspector
10. Father's Birthplace, Ellicott City

Name of Medical Attendant, or other person who makes this Return. G. E. Ullrich M.D.

Address, Pratt & Stricker Sts.

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 29 1889 BALTIMORE MD

A 11371

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Coled

2. Race or Color, (if not of the white race) female

3. Date of Birth, April 25th 1889

4. Place of Birth, (Street and Number) 1010 Sink Street

5. Full Name of Mother, Annery Stickland

6. Mother's Maiden Name, Annery Speiks

7. Mother's Birthplace, Bunkis Velle

8. Full Name of Father, George W Stickland

9. Father's Occupation, Gerlsberry

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Celestine Cook

Address, 708 Shields alley

Remarks,

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11372

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of April 1889
4. Place of Birth, (Street and Number) Baltimore No. 310. S. Fremont St.
5. Full Name of Mother, Kathrine Blum
6. Mother's Maiden Name, Kathrine Feldman
7. Mother's Birthplace, Germanny
8. Full Name of Father, Henry Blum
9. Father's Occupation, Baker
10. Father's Birthplace, Germanny

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 90 Rodenhall Street

Remarks,

MAY 1 1889 BALTIMORE MD.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 11373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 25th 1889
4. *Place of Birth (Street and Number)*	1651 Hanover st
5. *Full Name of Mother*	Caroline Super
6. *Mother's Maiden Name*	Caroline Beck
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Henry Super
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Centreville Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Mitchell
Address	526 S. Sharp St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / A. 113744

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 25th 1887
4. Place of Birth, (Street and Number) 1403 Bank st.
5. Full Name of Mother, Annie Funk.
6. Mother's Maiden Name, " " Hartman.
7. Mother's Birthplace, City
8. Full Name of Father, Marcus Funk
9. Father's Occupation, Carpenter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs. Eliza Betz

Address, 1414 Bank st

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Wilbur Wallace Coleman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11375

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 26th 89
4. Place of Birth (Street and Number), 18 S Carey St
5. Full Name of Mother, Daisy Coleman
6. Mother's Maiden Name, Daisy Uppermann
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Coleman
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. B. F. Phillips

Address, 735 W. Lombard St

Remarks,

...the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 11376

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 26 April
4. *Place of Birth, (Street and Number)* No. 1041 W. Baltimore St
5. *Full Name of Mother,* Julie Lucus
6. *Mother's Maiden Name,* Tetzomer
7. *Mother's Birthplace,* Philar
8. *Full Name of Father,* John T Lucus
9. *Father's Occupation,* Paperhanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schulte

Address, No. 528 N Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11371

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	[illegible]
3. Date of Birth,	April 27, 1889
4. Place of Birth, (Street and Number)	831 Chesapeake St.
5. Full Name of Mother,	Margaret Hubbard
6. Mother's Maiden Name,	Margaret Lych
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Andrew Hubbard
9. Father's Occupation,	Can-maker
Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Savayne
Address,	726 Luzerne St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Etta Brockenbrough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11378
1. Sex, (State whether male or female)	Female,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	April 27. 1889,
4. Place of Birth, (Street and Number)	2123 N. Calvert st,
5. Full Name of Mother,	Emma C. Brockenbrough,
6. Mother's Maiden Name,	Chewbelayne,
7. Mother's Birthplace,	Richmond, Virginia
8. Full Name of Father,	Littleton Brockenbrough,
9. Father's Occupation,	Book-keeper,
Father's Birthplace,	Warsaw, Virginia,
Name of Medical Attendant, or other person who makes this Return.	J. F. Engel M.D.
Address,	1007 W. Fayette
Remarks,	GIVEN NAME ADDED 4/28/54 Lfg

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th A. 11379

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, aprile the 27 1889
4. Place of Birth, (Street and Number) No 250 Seder avnu Wenty 22 Ward
5. Full Name of Mother, anna Sulevan
6. Mother's Maiden Name, Bart McColley
7. Mother's Birthplace, Balt County Md
8. Full Name of Father, William Sulevan
9. Father's Occupation, Rail roader
10. Father's Birthplace, Virgina fredrick Berg

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Martin

Address, this Babby Breathed too or three times

Remarks, But Caus nunone of it death

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. A. No. 11380

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apl 27. 1889.

4. Place of Birth, (Street and Number) 627 Mosher

5. Full Name of Mother, Louisa Virginia Wright

6. Mother's Maiden Name, Wright.

7. Mother's Birthplace, Baltimore County Md.

8. Full Name of Father, Jno. W. Wright.

9. Father's Occupation, Policeman

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1521 Madison Ave.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11381

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* # Apr 28, 89
4. *Place of Birth, (Street and Number)* 4 Ro Parrish St
5. *Full Name of Mother,* Lizzie Horden
6. *Mother's Maiden Name,* " Pierce
7. *Mother's Birthplace,* Kent Co Md.
8. *Full Name of Father,* Hon Henry Horden
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. E. Ulrich M.D.

Address, Pratt & Stricker Sts

Remarks,

said schedule shall be delivered, duly signed by the [illegible] of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11382

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28th/89 7 P.m.
4. Place of Birth, (Street and Number) 1712 Lemmon St
5. Full Name of Mother, Mary Hines (age 37 yrs)
6. Mother's Maiden Name, Mary Kelley
7. Mother's Birthplace, Ireland.
8. Full Name of Father, James Hines
9. Father's Occupation, Moulder
10. Father's Birthplace, Richmond. Va

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M D

Address, 1136 Lexington St

Remarks, Instrumental delivery. Eclampsia

ascertained the full name of each [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child A 11383

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 28 of april
4. Place of Birth, (Street and Number) Hampden Chesnut avenue 139
5. Full Name of Mother, Martha Bowen
6. Mother's Maiden Name, Martha James
7. Mother's Birthplace, Hartford County MD
8. Full Name of Father, Elijah Bowen
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County MD

Name of Medical Attendant, or other person who makes this Return. Elizabeth ginneman

Address, Hampden

Remarks,

MARTIN DEPARTMENT APR 29 1898

...any such person or persons who shall hereafter have to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 11384

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Apl 28th (2½ P.M.) Sunday
4. Place of Birth (Street and Number) 1019 Cathedral St —
5. Full Name of Mother Meta Packard
6. Mother's Maiden Name Hannewinkle
7. Mother's Birthplace Richmond Va
8. Full Name of Father Joseph Packard Jr
9. Father's Occupation Lawyer
10. Father's Birthplace Near Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell M D

Address 212 Madison St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11385

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) Black.
3. Date of Birth, April 29th 89.
4. Place of Birth, (Street and Number) Maryland Penitentiary
5. Full Name of Mother, Carrie Brooks.
6. Mother's Maiden Name, Carrie Brooks.
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, Unknown.
9. Father's Occupation, Unknown.
10. Father's Birthplace, Unknown.

Name of Medical Attendant, or other person who makes this Return. Frank J. Flannery Md

Address, Maryland Penitentiary Baltimore Md.

Remarks, Prematurely Born at 7 mos. Lived 14 hours.

HEALTH DEPARTMENT MAY 1 1889 BALTIMORE

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 11381

1. Sex, (state whether ~~male~~ or female)
2. Race or ~~Color,~~ (if not of the white race)
3. Date of Birth, April 29th
4. Place of Birth, (Street and Number) 820 Covington St
5. Full Name of Mother, Minne McLeod
6. Mother's Maiden Name, Minne Johnson
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Frederick Johnson
9. Father's Occupation, Mannener
10. Father's Birthplace, Denemark
11. Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 11357

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 29th 89
4. *Place of Birth (Street and Number),* 15 E. Hamburg
5. *Full Name of Mother,* Georganna Nagle
6. *Mother's Maiden Name,* Georganna Cushey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Nagle
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. R. F. Phillips

Address, 735 W Lombard St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd) A 11388

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 30th, 1889
4. Place of Birth (Street and Number), No. 107 North Bond Street
5. Full Name of Mother, Mrs. Mary Ellen Haussmann
6. Mother's Maiden Name, Miss Mary E. Quinn
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Mr. Robert F.L. Haussmann
9. Father's Occupation, Machinist
10. Father's Birthplace. New York

Name of Medical Attendant or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 1700 East Fayette St. Cor. Broadway

Remarks, Mrs. Catharine Ahler, Nurse 220 N. Bond St.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11389

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, born 30th April
4. Place of Birth, (Street and Number) 840 St Peter str.
5. Full Name of Mother, Anna Mary Norton
6. Mother's Maiden Name, " " Benyes
7. Mother's Birthplace, Balto City Maryland
8. Full Name of Father, William Sandar Norton
9. Father's Occupation, Huckster
10. Father's Birthplace, Balto City Balto Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Benge

Address, 711 Cross St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11090

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 4th

1. Sex, (State whether male or female) "

2. Race or color, (if not of the white race) White

3. Date of Birth, April 1st 1889

4. Place of Birth, (Street and Number) 1537 Etting St

5. Full Name of Mother, Mary E Stonesifer

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry M Stonesifer

[redacted] Father's Occupation Brakeman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A 11391
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 1st 1889
4. Place of Birth, (Street and Number)	1249 Sargent st
5. Full Name of Mother,	Mary Louise Bruff
6. Mother's Maiden Name,	" " Lauer
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Joseph H. Bruff
9. Father's Occupation,	Paver
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return	Mrs Debois
Address,	735 Pratt st near Fremont
Remarks,	

Subject to the imprisonment for each offence, to be recovered as other fines and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11392

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st of April
4. Place of Birth, (Street and Number)	329 Barlow Pl
5. Full Name of Mother,	Regina Schmidt
6. Mother's Maiden Name,	Regina Schumacher
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Schmidt
9. Father's Occupation,	Labor.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Frederick Koulz Midwife
Address,	2116 West Pratt St
Remarks,	

injected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11393

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of Abril ~~305 Foret Sts~~
4. Place of Birth, (Street and Number) 305 Forest Sts
5. Full Name of Mother, Ana Schwinger
6. Mother's Maiden Name, Ana Constantin
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Schwinger
9. Father's Occupation, Brauer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler midwife

Address, 2116 West Pratt Sts

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 11394

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, April 2nd

4. Place of Birth, (Street and Number) Balto S. Paca St 904

5. Full Name of Mother, Anna Wilhelmina Marbe

6. Mother's Maiden Name, " " Stein

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Henry Marbe

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 W. Pratt St

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 11395

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 2d April
4. Place of Birth (Street and Number), 915 Chew St
5. Full Name of Mother, Ellen Welch
6. Mother's Maiden Name, Ellen Vedon
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Patrick Welch
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink Midwife

Address, No. 907 Hillen St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 ½ of Abril
4. Place of Birth, (Street and Number) 2135 Md Henry
5. Full Name of Mother, Elisabeth Köhler
6. Mother's Maiden Name, Elisabeth Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, John Köhler
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friedericks Keuler Midwife

Address, 2116 West Pratt Str

Remarks,

MAY

Child is reported to me in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11397
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 8d 1889
4. *Place of Birth, (Street and Number)*	568 Baker Str
5. *Full Name of Mother,*	Mary Ann Davy
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	unknown to me
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11398

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	3. April
4. *Place of Birth, (Street and Number)*	1212 Potogsen street
5. *Full Name of Mother,*	Marcia Meeks
6. *Mother's Maiden Name,*	Marcia Schöfermann.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Andrews Meeks.
9. *Father's Occupation,*	Laber.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Miss P. Liersemann.
Address,	1225 Howe street
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th. A 11399

1. Sex, (state whether male or female) both female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 4th 1889
4. Place of Birth, (Street and Number) 115. N. Lombard St.
5. Full Name of Mother, Mrs Rosa Brown
6. Mother's Maiden Name, Rosa Reiley
7. Mother's Birthplace, Md.
8. Full Name of Father, William Henry Brown
9. Father's Occupation, dead
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115. N. Lombard Street.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11400

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of April
4. Place of Birth, (Street and Number) 434 Pulaski St.
5. Full Name of Mother, Ema Horn
6. Mother's Maiden Name, Ema Simon
7. Mother's Birthplace, Pole
8. Full Name of Father, Wolf Horn
9. Father's Occupation, Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Friederike Kaulen midwife

Address, 2116 West Pratt St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 11401
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 4
4. Place of Birth, (Street and Number)	820 N Gross Av
5. Full Name of Mother,	Annie Davis
6. Mother's Maiden Name,	Annie McCall
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm B. Davis
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham MD
Address,	
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11402

1. Sex, (State whether male or female) ~~White~~ male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 4th 1889
4. Place of Birth, (Street and Number) 1219 Lumbard St
5. Full Name of Mother, Emma G Payne
6. Mother's Maiden Name, " " Magall
7. Mother's Birthplace, Balto md
8. Full Name of Father, ~~Joseph~~ W Payne
9. Father's Occupation, machinest
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. C. L. Leibach

Address, 735 W. Pratt St

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11403

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 5th

4. Place of Birth, (Street and Number) Eutaw St 430 South

5. Full Name of Mother, Maria Bruns

6. Mother's Maiden Name, Marie ~~Bruns~~ Drake

7. Mother's Birthplace, Hamm Germany

8. Full Name of Father, John Bruns

9. Father's Occupation, Mechanic

Father's Birthplace, Arnsfelt Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Eutaw St

Remarks,

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child. A. 11404

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th
4. Place of Birth, (Street and Number) West Pratt St. No. 733.
5. Full Name of Mother, Helena Gertrude Wurach.
6. Mother's Maiden Name, Helena Neiz
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, George Wurach
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. Seback 735 West Pratt St

Address,

Remarks,

may such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd, A. 11405

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 April
4. *Place of Birth, (Street and Number)* 1315 Scott St
5. *Full Name of Mother,* Mary Bury.
6. *Mother's Maiden Name,* Mary Cullison
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Joseph Bury.
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 411 Cross St

Remarks,

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th A. 11406

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 6th - 89
4. Place of Birth, (Street and Number) 105 Tyson Street.
5. Full Name of Mother, Mary Sampson
6. Mother's Maiden Name, Mary Johnston
7. Mother's Birthplace, Easton Maryland.
8. Full Name of Father, John Sampson.
9. Father's Occupation, Waiter
10. Father's Birthplace, Easton Maryland

Name of Medical Attendant, or other person who makes this Return. W B Perry M.D.

Address, Chase St & Greenmount Ave

Remarks,

MAY 2 1889

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-6-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Walther

A. 114 07

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of April 1889
4. Place of Birth, (Street and Number) 612 Wyeth St
5. Full Name of Mother, Maggie Walther
6. Mother's Maiden Name, Maggie Bucher
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Walther
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks,

third day of each and every month [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ira Franklin Belt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A 11408

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White 8th ~~April 1889~~
3. *Date of Birth,* April the 8 1889
4. *Place of Birth, (Street and Number)* 298 Hickory Ave Hampden
5. *Full Name of Mother,* Rachel J. Belt
6. *Mother's Maiden Name,* Rachel J. Cross.
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Eli. S. Belt.
9. *Father's Occupation,* Salore
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Mrs. Ellen Sullivan

Address, Hickory Ave. Hampden Baltimore Md.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth A. 11409

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 9th
4. Place of Birth, (Street and Number) 1144 Dexter Street
5. Full Name of Mother, Bridget
6. Mother's Maiden Name, Kennady
7. Mother's Birthplace, Limerick Ireland
8. Full Name of Father, John Appleton
9. Father's Occupation, Sailor
10. Father's Birthplace, Cockermouth England

Name of Medical Attendant, or other person who makes this Return. Miss Budge

Address, 711 Lowndes St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd A 11410
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	8 of April
4. *Place of Birth, (Street and Number)*	Baltimore No 1153 Sasafras St
5. *Full Name of Mother,*	Maggie Albertson
6. *Mother's Maiden Name,*	Maggie Jervis
7. *Mother's Birthplace,*	Bato N.J.
8. *Full Name of Father,*	John Albertson
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Winslow N.J.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangle
Address,	711 Orren St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11411

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 8th 1889
4. Place of Birth, (Street and Number) 115 N. Lombard.
5. Full Name of Mother, Florence Hackett.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, 115 N. Lombard St.

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11412

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of April
4. *Place of Birth, (Street and Number)* 729 West Cross St
5. *Full Name of Mother,* Caroline E. O'Donovan
6. *Mother's Maiden Name,* Caroline E. Knoop
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* E. Clagett O'Donovan
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange. J.

Address, 711 W. Cross St.

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. A 11413

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 10
4. *Place of Birth, (Street and Number)* No: 1200 Potopsen st.
5. *Full Name of Mother,* Augusta Notti
6. *Mother's Maiden Name,* Augusta Zegh.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Notthr
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann

Address, 1225 Hare. street.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 A. 11414

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11 the 1899
4. Place of Birth, (Street and Number) Woodyear St 1219
5. Full Name of Mother, Sarah Sullivan
6. Mother's Maiden Name, " Worley
7. Mother's Birthplace, Pitzburg Pa
8. Full Name of Father, Eugene J Sullivan
9. Father's Occupation, Furniture moving
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 913 Penna Ave

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifty Two A. 11415

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 April
4. Place of Birth, (Street and Number) 862 Columbia Avenue
5. Full Name of Mother, Dora Glendinning
6. Mother's Maiden Name, Dora Carson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Glendinning
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 Lurman St

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A. 11416

1. *Sex (state whether male or female),* Male,
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 12th, 1889
4. *Place of Birth (Street and Number),* # 1141 Sassafras St.
5. *Full Name of Mother,* Annie Recter,
6. *Mother's Maiden Name,* McGuire
7. *Mother's Birthplace,* Howard Co, Md.
8. *Full Name of Father,* Bernard Recter,
9. *Father's Occupation,* Stone-cutter,
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. [signature] Mrs. N. Alderdice M.D.

Address, N.E. Cor. Columbia & Fremont Aves.

Remarks,

...ing Co., City Printers and Stationers.

GIVEN NAME ADDED 8-13-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Michael Vanskiver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~White~~ one A11417

1. [redacted], *(state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* april 12-1889
4. *Place of Birth, (Street and Number)* 1173 Mantaco St
5. *Full Name of Mother,* Annie Vanskiver
6. *Mother's Maiden Name,* Annie Morgan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Vanskiver
9. *Father's Occupation,* Brick presser.
10. *Father's Birthplace,* Baltimore

[redacted] *of Medical Attendant,* or other person who makes this Return. Mrs Bangl

Address, 711 Brice St

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 11418

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, April 1st. 1889
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Anna Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, West Indies.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115 W. Lombard

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 11419
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 13th 1889
4. *Place of Birth, (Street and Number)*	13½ Mc Henry St
5. *Full Name of Mother,*	Ida Herman
6. *Mother's Maiden Name,*	Idd Green
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Herman
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham MD
Address,	
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d A 11420

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13 the 1889
4. Place of Birth, (Street and Number) 115 n Eutaw st
5. Full Name of Mother, Louise Peters
6. Mother's Maiden Name, Steinbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry, Gunther, Bernhard, Peters
9. Father's Occupation, Farrier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 923 Penna Ave

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-12-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Rudolph Weaver, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 11421

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 13-89
4. Place of Birth (Street and Number), # 55 E. Montgomery St.
5. Full Name of Mother, Mary Martha Weaver
6. Mother's Maiden Name, Mary Martha Dilla
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Franklin R. Weaver
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Chas. W. Pfeiffer M.D.

Address, # 48 E. Montgomery St.

Remarks,

...o., City Printers and Stationers.

GIVEN NAME ADDED 7-1-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hamilton Murrett Webb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins A 11422

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, 13th April - 1889
4. Place of Birth, (Street and Number) 235 Hickory Ave Hampden
5. Full Name of Mother, Mary E Webb
6. Mother's Maiden Name, Mary E Scott
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Webb
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md
11. Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Sullivan
12. Address, Hickory Ave Hampden, Baltimore
13. Remarks, 1918

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11423
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 14th
4. Place of Birth, (Street and Number)	522 Columbia ave
5. Full Name of Mother,	Elizabeth Berry
6. Mother's Maiden Name,	" Cox
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Chas L Berry
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 11424

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 14th 89
4. Place of Birth, (Street and Number) 731 ~~Harlem Ave~~ Dolphin St.
5. Full Name of Mother, Anna M List
6. Mother's Maiden Name, Anna M. Hinkle
7. Mother's Birthplace, Md
8. Full Name of Father, Frank List
9. Father's Occupation, Grocer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. Keller M.D.

Address, 639 Franklin St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th — A 11425

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 15th April
4. Place of Birth (Street and Number), 143 Front st near Hillen.
5. Full Name of Mother, Kathern Elroy
6. Mother's Maiden Name, Kathren Kain
7. Mother's Birthplace, Cumberland
8. Full Name of Father, John C. Elroy
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Zink midwife

Address, 107 Hillen St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11426

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 16th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard Street
5. Full Name of Mother, Ada Lindsey
6. Mother's Maiden Name, Ada Lindsey
7. Mother's Birthplace, Va
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, 115 W Lombard Street

Remarks,

child to report as birth to the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11427

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 16th April
4. Place of Birth (Street and Number), 215 N. High St.
5. Full Name of Mother, Ella Mac
6. Mother's Maiden Name, Ella Prichard
7. Mother's Birthplace, Pedersburg verginia
8. Full Name of Father, John Mac
9. Father's Occupation, Comedian
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this Return. Mrs J. Zink Midwife

Address, 907 Hullen St.

Remarks,

mother, ... the Commissioner of Health, in the ... who shall hereafter fail to comply with the provisions of this section ... for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child A 11428

1. Sex (state whether male or female), Male John Henery Shafer
2. Race or Color (if not of the white race), White
3. Date of Birth, April the 17 th 1899
4. Place of Birth (Street and Number), No 1322 Garrett Av
5. Full Name of Mother, Magdan Shafer
6. Mother's Maiden Name, Geis
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Conrad Shafer
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Downward Midwife

Address, No 1809 Clement Baltimore Md

Remarks,

the attendance of a physician [illegible] mother. Immediately thereafter it shall become the duty of the [illegible] the Commissioner of Health, in the manner and within the period above required, and any [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11429

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Mary Fay Black
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Va
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Maternite Hospital

Remarks,

attendance upon the ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to comply with the provisions ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11430

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) one first Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 17th
4. Place of Birth, (Street and Number) Baltimore City 1033 Boyd
5. Full Name of Mother, Mrs Annie Bell Leidner
6. Mother's Maiden Name, Miss Annie Bell Crocken.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo. John Leidner
9. Father's Occupation, Brakeman B.&O.R.R. Co
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs C seebach

Address, No 785 W Pratt St

Remarks,

child to report its birth to the Commissioner [illegible] any such person or persons who shall hereafter fail to comply with the provisions [illegible] jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1431

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Born 18th of April

4. Place of Birth, (Street and Number) 906 Burgundy Street

5. Full Name of Mother, Mrs Hattie Fleming

6. Mother's Maiden Name, Mrs Hattie Harris

7. Mother's Birthplace, Born in Baltimore

8. Full Name of Father, Mr. Sylvain Henry Fleming

9. Father's Occupation, Laborer

10. Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bass

Address, 711 Druid St

Remarks,

Any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 11432
Sex, (State whether male or female)	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 18th 1889
4. *Place of Birth, (Street and Number)*	1100 Bowen St
5. *Full Name of Mother,*	Kate Bowersock
6. *Mother's Maiden Name,*	Kate Ochs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo Bowersock
9. *Father's Occupation,*	Grocer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham MD
Address,	
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11433

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Friday Morning 19 April
4. Place of Birth, (Street and Number)	1121 N. Lombard St
5. Full Name of Mother,	Birthie Miersch
6. Mother's Maiden Name,	Birthie Gusovens
7. Mother's Birthplace,	Germaney
8. Full Name of Father,	William Miersch
9. Father's Occupation,	Machinist
Father's Birthplace,	Germaney
Name of Medical Attendant, or other person who makes this Return.	Dr. Selbach
Address,	735. W. Pratt st
Remarks,	

Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11434

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ~~female~~ male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 april
4. Place of Birth, (Street and Number) Baltimore conty 13 dist
5. Full Name of Mother, Sarah Frances Kidwell
6. Mother's Maiden Name, Sarah Frances Jones
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James Kidwell
9. Father's Occupation, Labor
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return. Mrs Bunge

Address, 711 Cross St

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 114/35

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (State whether male or female)	Male.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	19. April
4. Place of Birth, (Street and Number)	924. Fenton. street
5. Full Name of Mother,	Maria Keithmann.
6. Mother's Maiden Name,	Maria Schmitt Bau.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ernst Keithmann.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Miss P Liersemann.
Address,	1225 Hoore. street.
Remarks,	

ecied to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11436

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20. 1889
4. Place of Birth, (Street and Number) Emalea Balto Co Md
5. Full Name of Mother, Mrs Lena Borhier
6. Mother's Maiden Name, Lena Bensel
7. Mother's Birthplace, Jefferson York Co Pa
8. Full Name of Father, Daniel M Borhier
9. Father's Occupation, Carpenter
10. Father's Birthplace, Codorus York Co Pa
11. Name of Medical Attendant, or other person who makes this Return. Mrs Sullivan
12. Address, Woodbury Balto Co Md
13. Remarks,

Jected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th. A. 11437
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	April 20th.
4. Place of Birth (Street and Number),	932 Central ave.
5. Full Name of Mother,	Francis Peck
6. Mother's Maiden Name,	Francis Dorsey
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	Edward Peck
9. Father's Occupation,	Clergyman
Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	R. M. Cobb
Address,	1019 E. Pratt ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur within the city, the attendant upon the mother, immediately the same is in the manner and within the time required by law, shall report the birth of such child to the Commissioner of Health,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11439

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 20 1889
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Rosa Bismark
6. Mother's Maiden Name, DO
7. Mother's Birthplace, Md
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, 115 W Lombard

Remarks,

Fixed as the time of ten (10) Dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 11440

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 1889
4. Place of Birth, (Street and Number) 115 W Fombard
5. Full Name of Mother, Mrs Mary Sullivan
6. Mother's Maiden Name, Mary Mulvihill
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jame Sullivan
9. Father's Occupation, R.R. Engineer
10. [redacted]ther's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, 115 W Fombard Street

Remarks,

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 11441

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 21 1889
4. Place of Birth, (Street and Number) Carroll Baltimore md
5. Full Name of Mother, Carrie Matthews
6. Mother's Maiden Name, Carrie Carr
7. Mother's Birthplace, Howard Co. md
8. Full Name of Father, John L Matthews
9. Father's Occupation, Miner
10. Father's Birthplace, Liberty town Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Wicks

Address, Carroll Maryland

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11442

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white
3. Date of Birth, April 21/89
4. Place of Birth (Street and Number), 2236 Fairmount av.
5. Full Name of Mother, Emma Thomas
6. Mother's Maiden Name, Emma McCoy
7. Mother's Birthplace, Somerset Co. Md
8. Full Name of Father, Severn Thomas
9. Father's Occupation, Mariner
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. Rev. Mansfield M.D

Address, 129 So Broadway

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Female A 11443

1. *Sex, (State whether male or female)* S
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 21st
4. *Place of Birth, (Street and Number)* 1305 Cross St
5. *Full Name of Mother,* Rica Ruth
6. *Mother's Maiden Name,* Rica Miner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Ruth
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

OVER NAME ADDED 3-16-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Georgene Cecelia Kantman A 11444

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 21st 89

4. Place of Birth, (Street and Number) 509 Lexington St.

5. Full Name of Mother, Anna Kantman

6. Mother's Maiden Name, Anna Grauer

7. Mother's Birthplace, Md

8. Full Name of Father, August Kantman

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 639 Franklin St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 11440

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, April the 21st
4. Place of Birth, (Street and Number) Baltimore Byrd St 152
5. Full Name of Mother, Lenora Talbott
6. Mother's Maiden Name, Isabell
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Joseph P Talbott
9. Father's Occupation, Carpenter
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return. Elizabeth Holborn

Address, 1914 Light St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 11446

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 22d 1889.
4. *Place of Birth, (Street and Number)* 1575 Ridgely.
5. *Full Name of Mother,* Mary Handschuh.
6. *Mother's Maiden Name,* " Güthlein
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Handschuh.
9. *Father's Occupation,* Ice Driver.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 7 Cross St

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child A 11447

1. *Sex (state whether male or female),* female Florine M. Banks
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April the 22 1899
4. *Place of Birth (Street and Number),* Cookrie St 1407
5. *Full Name of Mother,* Sarrah Jane Banks
6. *Mother's Maiden Name,* Sarrah Jane Richardson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Washington Banks
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return. Mrs Downward Midwife

Address, No 1509 Clement St Baltimore Md

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printer and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six A. 11448

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* april 23rd 1889 Tuesday.
4. *Place of Birth, (Street and Number)* Vine st. 1016.
5. *Full Name of Mother,* Mary Scribner.
6. *Mother's Maiden Name,* Mary Galloway.
7. *Mother's Birthplace,* Eastern shore
8. *Full Name of Father,* Peter Scribner
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jake D Butler

Address, 212 Rock st. Balt. Md.

Remarks, The child is in a good healthy growing condition. The mother is living & well

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11449

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
Sex, (State whether male or female)	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April. 24. 1889
4. *Place of Birth, (Street and Number)*	Stockholm Street 852.
5. *Full Name of Mother,*	Charlotte Houston.
6. *Mother's Maiden Name,*	Charlotte Jackson
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Henry Houston
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return.	Annie Carson
Address,	823 Stockholm St
Remarks,	Child's Well.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child B 11456

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 1889

4. Place of Birth, (Street and Number) No 8 Dempsey Alley

5. Full Name of Mother, Mrs Lizzie Schumann

6. Mother's Maiden Name, Miss Lizzie Miller

7. Mother's Birthplace, Frederick Co. Balto m D.

8. Full Name of Father, Charles E Schumann

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Spring St Balto m D.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 11457
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 24 ''
4. Place of Birth, (Street and Number)	405 1 Paca
5. Full Name of Mother,	Maggie Natch
6. Mother's Maiden Name,	Branno
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	N Thayer Natch
9. Father's Occupation,	Hostler
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4" A. 11452

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* April 24th.
4. *Place of Birth (Street and Number),* Scott St.
5. *Full Name of Mother,* Mary Huster,
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* Edward Huster
9. *Father's Occupation,* Letter-Carrier
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, N.E. Cor. Columbia & Fremont Aves

Remarks,

...g Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 11463

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 24th
4. *Place of Birth, (Street and Number)*	507 Barre st
5. *Full Name of Mother,*	Johanne Amalia Ida Hammer
6. *Mother's Maiden Name,*	" " " " Ida Eckelmann
7. *Mother's Birthplace,*	Braunschweig Germany
8. *Full Name of Father,*	Henry Augst Hammer
9. *Father's Occupation,*	Shoe Fitter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangle
Address,	711 Cross St.
Remarks,	

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male~~ 4
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 25th
4. Place of Birth, (Street and Number)	1126 Ramsay
5. Full Name of Mother,	Lana Bruce
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edw Bruce
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Jackson
Address,	
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 114537

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, April the 25th
4. Place of Birth, (Street and Number) Baltimore Randle St No 29
5. Full Name of Mother, Maria C Duvall
6. Mother's Maiden Name, Hilbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew J Duvall
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1504 Eight St

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & Second A 11458

1. Sex, (state whether male or female) (Oldest) Male. ~~[illegible]~~ (Female Youngest)
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~115 W. Lombard~~ April 25th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Mary Holmes
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115 W. Lombard

Remarks,

Recorded to the nine or ten [illegible] columns for each offense, to be recovered as other fines and forfeitures are recoverable.

OULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 11457
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 26/89
4. Place of Birth (Street and Number),	1531 E. Balt. St.
5. Full Name of Mother,	Virginia Harris
6. Mother's Maiden Name,	a Calder
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Jno. Harris
9. Father's Occupation,	Harness Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty and for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 11458

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 27th.
4. *Place of Birth (Street and Number),* # 1916 Ramsey St
5. *Full Name of Mother,* Margaret Stapf
6. *Mother's Maiden Name,* Kirn
7. *Mother's Birthplace,* Balto. Co., Md
8. *Full Name of Father,* Christian Stapf
9. *Father's Occupation,* Grocer,
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [signature] Smith Elderdice, Md

Address, N. E. Cor. Columbia & Fremont Aves.

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Died

A. 11459

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Male

Name: Solomon Harrison Walker

Race or Color, (if not of the white race) Colored

Date of Birth, April 27th 1889

Place of Birth, (Street and Number) 228 Chestnut Street

Full Name of Mother, Margrett Walker

Mother's Maiden Name, Margrett Jenkins

Mother's Birthplace, Dorchester County Md.

Full Name of Father, William Henry Walker

Father's Occupation, Cook

Father's Birthplace, Hartford County

Name of Medical Attendant, or other Person who makes this Return. Caroline Jordan

Address, # 153 East Street

Remarks,

TER & STATIONER, BALT.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 11/160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 27th 1889
4. Place of Birth (Street and Number)	1627 McCulloh St.
5. Full Name of Mother	Mrs. H. D. Thompson
6. Mother's Maiden Name	Celia Thompson Covington
7. Mother's Birthplace	South Carolina
8. Full Name of Father	Hubert D Thompson
9. Father's Occupation	Clerk in N. C. R. R.
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1421 Eutaw Place
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 11461

1. [redacted]x (~~state whether male or~~ female),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, April 29th 1889
4. Place of Birth (Street and Number), 916 Druid Hill Ave
5. Full Name of Mother, Ellen Kelly
6. Mother's Maiden Name, Glynn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Francis Kelly
9. Father's Occupation, Formerly Attendant in Willard Asylum N.Y.
10. [redacted]ther's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Elias L Price M.D.

Address, 953 Madison Ave

Remarks,

g Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11462

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~113 N. Fayette.~~ April 29 1889
4. Place of Birth, (Street and Number) 113. N. Fayette
5. Full Name of Mother, Eva Augusta Mooney
6. Mother's Maiden Name, Eva Augusta Muth
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Nich. Robt. Mooney
9. Father's Occupation, Insurance Agent.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115. N. Fombard

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11463

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Whit.
3. Date of Birth, 29. April.
4. Place of Birth, (Street and Number) 920 Lakester st.
5. Full Name of Mother, Tihla Marafska
6. Mother's Maiden Name, Tihla Oshethofska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Kashmir Marafski
9. Father's Occupation, Laber
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann

Address, 1225 Hare. street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child A. 114 64

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 30 of April
4. Place of Birth, (Street and Number) 2138 Division St
5. Full Name of Mother, Minnie Bien
6. Mother's Maiden Name, Minnie Schanty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bien
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Donnley

Address, 1365 Little Walsh St

Remarks, None

. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Atty A 11465

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 30th 1889
4. Place of Birth, (Street and Number) Low - street # 1122
5. Full Name of Mother, Mary - Massa
6. Mother's Maiden Name, Mary - Massa
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob - Massa
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address, Albemarle st # 103.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 114 66

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
Sex, (state whether male or female)	female Child
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 3. 1889
4. *Place of Birth, (Street and Number)*	109 Bruce St
5. *Full Name of Mother,*	Ida King
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	City of Baltimore
8. *Full Name of Father,*	Douglas Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mary C Power
Address,	1121 Carlyle St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 4th 1889
4. *Place of Birth, (Street and Number)*	2010 E. Federal St.
5. *Full Name of Mother,*	Christiana Pfeiffer
6. *Mother's Maiden Name,*	Koch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John D. Pfeiffer
9. *Father's Occupation,*	Beer Brewer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S. H. Seldner M. D.
Address,	S. E. Cor. Caroline & Eager Sts.
Remarks,	

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Gustave Zimmerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A. 11468

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1889
4. *Place of Birth, (Street and Number)* 1102 Encor St.
5. *Full Name of Mother,* Catherine Zimmerman
6. *Mother's Maiden Name,* Henkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Zimmerman
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Seldner M. D.

Address, S. E. Cor. Caroline & Eager Sts.

Remarks, GIVEN NAME ADDED. 9-2-53 L.M.

HEALTH DEPARTMENT MAR 14 1889 BALTIMORE

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Salomon A. 1146

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 10th 1889
4. Place of Birth, (Street and Number) Pratt st # 1415
5. Full Name of Mother, Basy Idelevitch
6. Mother's Maiden Name, Basy Idelevitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Salmon Idelevitch
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schneaman

Address, Albemarle st # 103.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child B 11470
1. *Sex, (state whether male or female)*	female Child
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	april 12, 1889
4. *Place of Birth, (Street and Number)*	827 Woodyear St
5. *Full Name of Mother,*	Mary C Hammond
6. *Mother's Maiden Name,*	Mary C Porter
7. *Mother's Birthplace,*	Catonsville Balto County
8. *Full Name of Father,*	John T Hammond
9. *Father's Occupation,*	millinary Store
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Mary C Hammond
Address,	1121 Saratoga St
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11471

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* 1925 E. Chase St.
5. *Full Name of Mother,* Annie Haase
6. *Mother's Maiden Name,* Plaggemyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Haase
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return S. W. Seldner M.D.

Address, S. E. Cor. Caroline & Eager Sts.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT MAY 14 1889 BALTIMORE

Copyright by other parties and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 114172

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 16th
4. Place of Birth, (Street and Number)	1012 Hanford Ave.
5. Full Name of Mother,	Elizabeth Schmith
6. Mother's Maiden Name,	" Schmigert
7. Mother's Birthplace,	Calcutta
8. Full Name of Father,	Chas A Schmith
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groomy
Address,	940 N. Gay St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11473

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	female, childs
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	april, 18, 1889
4. *Place of Birth, (Street and Number)*	56 C Harris alley
5. *Full Name of Mother,*	Fannie Barber
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Upton Cooper
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1121 Saratoga St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 3rd A 11474
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 19th
4. Place of Birth, (Street and Number)	1845 Spring st
5. Full Name of Mother,	Amelia Miller
6. Mother's Maiden Name,	" Ackerman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph Miller
9. Father's Occupation,	Stone Mason
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	

DILANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th Liza A 11475

1. Sex, (*State whether male or female*) Female

2. Race or color, (*if not of the white race*) White

3. Date of Birth, April 20th 1889

4. Place of Birth, (*Street and Number*) High St. # 188

5. Full Name of Mother, Natty - Kaufman

6. Mother's Maiden Name, Natty - Kornaim

7. Mother's Birthplace, Russia

8. Full Name of Father, Salomon Kaufman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, Albemarle St # 103,

Remarks,

CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Julius M. ~~Oliker~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Moses A 11476

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 22d 1889
4. Place of Birth, (Street and Number) Hanover st. N 1002
5. Full Name of Mother, Jennie (Juliker) Oliker
6. Mother's Maiden Name, Jennie Zelen
7. Mother's Birthplace, Russia
8. Full Name of Father, Marcus (Juliker) Oliker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schermax

Address, Albemarle st. N 103.

Remarks,

jected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th) A 14477
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	April 23d 1889
Place of Birth, (Street and Number)	905 N. Carey St.
Full Name of Mother,	Emma L. Wise
Mother's Maiden Name,	Rupp
Mother's Birthplace,	Baltimore Md.
Full Name of Father,	Wm Lewis Wise
Father's Occupation,	Butcher
Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene
Remarks,	

R & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A. 11478
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 24th 1889
4. Place of Birth, (Street and Number)	615 N. Castle St.
5. Full Name of Mother,	Kunigunda Kirchner,
6. Mother's Maiden Name,	Lofler
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Michael Kirchner
9. Father's Occupation,	Cabinet-maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S. W. Seldner M. D.
Address,	S. E. Cor Caroline & Eager Sts
Remarks,	

Liable to the fine of ten to fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 11479

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 26th 1889
4. *Place of Birth (Street and Number),* # 107 Hamburg st
5. *Full Name of Mother,* Clara Eisel.
6. *Mother's Maiden Name,* Clara Schultz.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Eisel
9. *Father's Occupation,* Labeler.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cottrell

Address, # 606 Hanover st

Remarks,

HEALTH DEPARTMENT MAY 14 1889 BALTIMORE CITY

ng Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Rosia A 11480

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth. April 26th 1889

4. Place of Birth, (Street and Number) Low street N 1140

5. Full Name of Mother, Sarha Gurevitz

6. Mother's Maiden Name, Sarha Bergson

7. Mother's Birthplace, Russia

8. Full Name of Father, Levy Gurevitz

9. Father's Occupation, Bakery

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 11481

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 27 1889
4. Place of Birth, (Street and Number) Wolf st 20
5. Full Name of Mother, Barton Eaith
6. Mother's Maiden Name, Barton Thiel
7. Mother's Birthplace, Sierne
8. Full Name of Father, Joseph Eaith
9. Father's Occupation, tarral
10. Father's Birthplace, Sierne

Name of Medical Attendant, or other person who makes this Return. Mary Kantie

Address, Wastington 205

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child A 11482

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April the 27th 1889
4. *Place of Birth (Street and Number),* Cor Washington & Hoffman St #1350
5. *Full Name of Mother,* Carrie Fauple
6. *Mother's Maiden Name,* Carrie Bissmith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephen Fauple
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Magdelene Bruns

Address, 1600 W. Chester st

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Salmon A 11483

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 27th 1889
4. Place of Birth, (Street and Number) Pratt st. № 918
5. Full Name of Mother, Lena Sholir
6. Mother's Maiden Name, Lena Fogelstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Abrahem Sholil
9. Father's Occupation, Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st № 103.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY DEPARTMENT OF HEALTH

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,, Baltimore City.

A 1144 84

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Baltimore Md of

1. Sex, (state whether male or female) Maryland Girl Colored

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 7th 1889

4. Place of Birth, (Street and Number) # 1027 Back alley

5. Full Name of Mother, Anna A Burris

6. Mother's Maiden Name, Anna ~~Smith~~ Cambridge md

7. Mother's Birthplace, ~~City Point~~ Va

8. Full Name of Father, Charles Burris

9. Father's Occupation, Brick Yards

10. Father's Birthplace, City Point Va

Name of Medical Attendant, or other Person who makes this Return. Anna H Burris

Address, 1021 Back alley

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11485

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* aprile the 2 & 1889
4. *Place of Birth (Street and Number),* 1200 arnstead Lane
5. *Full Name of Mother,* Mary Ellen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob engleteagh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Taylore

Address, 41 guilford alley

Remarks,

g Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11486

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, April 28th 1889.
4. Place of Birth, (Street and Number) No. 33. Fort Ave.
5. Full Name of Mother, Annie Lowe.
6. Mother's Maiden Name, Annie Schemm.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph. Lowe.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Katherine Hornung

Address, No. 1517. Byrd St.

Remarks,

Fees to the amount of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d City A 11487

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 28th 1889
4. Place of Birth, (Street and Number) Canton av. # 1629
5. Full Name of Mother, Rashel Jaffe
6. Mother's Maiden Name, Rashel Girshman
7. Mother's Birthplace, Rossia
8. Full Name of Father, Gershon Jaffe
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11488

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* April 29th 1889

4. *Place of Birth, (Street and Number)* 119 N. Front St

5. *Full Name of Mother,* Laura Schmidtman

6. *Mother's Maiden Name,* Becker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm H. Schmidtman

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S. E. Cor Caroline & Eager Sts

Remarks,

HEALTH DEPARTMENT MAY 14 1889 BALTIMORE

Any person who shall fail to make the return of a birth or a death, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11489

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apl. 29th '89
4. *Place of Birth, (Street and Number)* 925 E. Chase St.
5. *Full Name of Mother,* Mary Willson
6. *Mother's Maiden Name,* Mary Cullen
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Greenbury Willson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monsmonico M.D.

Address, S.W. Cor Calvert & Read n

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11490

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29.
4. Place of Birth, (Street and Number) Brady Mansion, Waverly
5. Full Name of Mother, Kate Kiel
6. Mother's Maiden Name, Kate Ruff
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, George A. Kiel
9. Father's Occupation, Fur. Varnisher & Painter
10. Father's Birthplace, Saxony, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Ratchley

Address, 114 Old York Road Waverly

Remarks,

HEALTH DEPARTMENT BALTIMORE

...jected to the fine of ten (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 114 91

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 29 1889
4. Place of Birth, (Street and Number) Canton ave 1904
5. Full Name of Mother, Mary Att
6. Mother's Maiden Name,
7. Mother's Birthplace, Giemen
8. Full Name of Father, Cecillie att
9. Father's Occupation, Tailor
10. Father's Birthplace, Giemen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Washington st 205

Remarks,

Jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6th A. 11492

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29th 1889
4. Place of Birth, (Street and Number) 834 N. Bond st
5. Full Name of Mother, Mary M. Kundle
6. Mother's Maiden Name, " " Schultz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas J. Kundle
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Wm L. Russell

Address, 800 N Broadway

Remarks,

subjected to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1493

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 29th at 6 pm
4. Place of Birth, (Street and Number) City Gilmore Street 508
5. Full Name of Mother, Mary Sullivan
6. Mother's Maiden Name, Mary Donnelly
7. Mother's Birthplace, Town of Ennis Co Clare Ireland
8. Full Name of Father, John S Sullivan
9. Father's Occupation, Laborer
10. Father's Birthplace, Town of Ennis Co Clare Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Graning

Address, 414 S Stucker St Baltimore Md

Remarks, Mother and Child are doing well

MAY 4 1880

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child A. 114/94

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 29th 1887.
4. Place of Birth, (Street and Number) 391 Jefferson St.
5. Full Name of Mother, Ella Gill
6. Mother's Maiden Name, Shaw
7. Mother's Birthplace, Maryland
8. Full Name of Father, Vincent Miller
9. Father's Occupation, Lamp lighter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. J. B. Hart

Address, 1137 York road

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 111195

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 29 th

4. Place of Birth, (Street and Number) 1113 Etting

5. Full Name of Mother, Stella C Simmons

6. Mother's Maiden Name, " " Spangler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward B Simmons

9. Father's Occupation, clerk

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return L B. Pacetti MD

Address, 1124 Druid Hill Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child A 11496

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29 — 1889.
4. Place of Birth, (Street and Number) 624 S. Paca st.
5. Full Name of Mother, Ella Dickson.
6. Mother's Maiden Name, Dodtre.
7. Mother's Birthplace, America.
8. Full Name of Father, Charle's Dickson.
9. Father's Occupation, Boiler-maker.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return, J. Lohwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

Jected to the fine of ten and thirty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A 11497

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29 — 1889.
4. Place of Birth, (Street and Number) 10 Cross st.
5. Full Name of Mother, Mary Wurzbacher.
6. Mother's Maiden Name, Green.
7. Mother's Birthplace, America.
8. Full Name of Father, Adolph Wurzbacher.
9. Father's Occupation, Store-keeper.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Schwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 111,98

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April 29 1889
4. Place of Birth, (Street and Number) 1609 Vincent ave near Baker
5. Full Name of Mother, Mary Rebecca Mackell
6. Mother's Maiden Name, Rebecca Foulton
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father, William Henry Mackell
9. Father's Occupation, Waiter
10. Father's Birthplace, Calvert County Maryland

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent ave near Baker

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 11499

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of April
4. Place of Birth, (Street and Number) No. 1929 Christian St
5. Full Name of Mother, Agnes Wolff
6. Mother's Maiden Name, Agnes Kühn
7. Mother's Birthplace, Prussia
8. Full Name of Father, Edward Wolff
9. Father's Occupation, Painter
10. Father's Birthplace, Saxon

Name of Medical Attendant, or other person who makes this Return. Mrs Dumax

Address, No. 1927 W. Lombard St

Remarks,

Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A. 11500
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday April 30 th. 1899
4. *Place of Birth, (Street and Number)*	831 E. Chase St.
5. *Full Name of Mother,*	Olie Horisburg
6. *Mother's Maiden Name,*	Olie Robinson
7. *Mother's Birthplace,*	Lancaster C. Pa
8. *Full Name of Father,*	James B. Horisburg,
9. *Father's Occupation,*	Miner ~~Harrisburg Pa~~
10. *Father's Birthplace,*	Harrisburg, Pa
Name of Medical Attendant, or other person who makes this Return.	Wilmer Benton, M.D.
Address,	Chase St. & Fremont Place
Remarks,	

Cards to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 11501

1. Sex, (State whether male or female): female
2. Race or color, (if not of the white race)
3. Date of Birth, April 30th 1889
4. Place of Birth, (Street and Number) Baltimore 803 Warner St
5. Full Name of Mother, Annie Brooks
6. Mother's Maiden Name, Annie Wall
7. Mother's Birthplace, Baltimore Country
8. Full Name of Father, John Tomes Brook
9. Father's Occupation, Express Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, 836 Mangold St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd **A.** 11502

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1889.
4. Place of Birth, (Street and Number) 1603 Millement St.
5. Full Name of Mother, M. Pottry
6. Mother's Maiden Name, M. Gant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Pottry
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Butt

Address, #1245 S. W. cor Monument St. & Centralave

Remarks, All Well

...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 **A.** 11503

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* april 30 ~~[illegible]~~ 1889
4. *Place of Birth (Street and Number),* 517 Hargrowalley
5. *Full Name of Mother,* Mary R flood
6. *Mother's Maiden Name,* Mary R Butler
7. *Mother's Birthplace,* St Marys Co
8. *Full Name of Father,* Christphor flood
9. *Father's Occupation,* Lober
10. *Father's Birthplace,* franklin Co wa
11. *Name of Medical Attendant,* or other person who makes this Return. mrs Charity Jones

Address, 101 Mulberry

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11504

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 30th
4. Place of Birth, (Street and Number) 715 Druid Hill ave
5. Full Name of Mother, Alice E Chambers
6. Mother's Maiden Name, ... Reives
7. Mother's Birthplace, Washington D C.
8. Full Name of Father, George W. Chambers
9. Father's Occupation, Laborer
10. Father's Birthplace, Frederick County

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 710 Tyson Street City

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11505

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 30" 89
4. *Place of Birth, (Street and Number)* 622 W Lombard St (Hospital)
5. *Full Name of Mother,* Mary Wessen
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be registered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 11507

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 30 April

4. Place of Birth, (Street and Number) 1725 Canton Evenue

5. Full Name of Mother, Kejdy Nowakoska

6. Mother's Maiden Name, Kolodziejsky

7. Mother's Birthplace, Gnezen Germany

8. Full Name of Father, Thomas Kolodziejsky

9. Father's Occupation, —

10. Father's Birthplace, Wongrowiec

Name of Medical Attendant, or other Person who makes this Return Marie Gittner

Address, 728 S. Wolfe Street.

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11508

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
Sex, (state whether male or female)	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	April 30th 1889.
4. *Place of Birth, (Street and Number)*	No 1836 Light St.
5. *Full Name of Mother,*	Marian Kees.
6. *Mother's Maiden Name,*	" Smith.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John Kees
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Prussia
Name of Medical Attendant, or other person who makes this Return.	Annie Burns.
Address,	1114 Light St.
Remarks,	Yours Respectfully,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11509

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Tues April 30th 1889.
5. *Place of Birth, (Street and Number)* No 18 Garrison Lane.
6. *Full Name of Mother,* Elisabeth Hannelbach
7. *Mother's Maiden Name,* Elisabeth Kaiser
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Lenhard Hannelbach
10. *Father's Occupation,* Cooper
11. *Father's Birthplace,* Maryland.
12. *Name of Medical Attendant,* or other person who makes this Return. Catherine Hall
13. *Address,* No 329 Bentalou St.
14. *Remarks,*

subjected to the fine of ten (10) Dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child A 1570

Sex, (state whether male or female) Boy

2. Race or color, (if not of the white race) White

3. Date of Birth, April 30th

4. Place of Birth, (Street and Number) Durhamstr: #122

5. Full Name of Mother, Margarethe Kraik

6. Mother's Maiden Name, " " Dörfler

7. Mother's Birthplace, Hirschaid (Bayern)

8. Full Name of Father, Pankraz Dörfler

9. Father's Occupation, Schiffarbeiter

10. Father's Birthplace, Baigendorf (Bayern)

Name of Medical Attendant, or other person who makes this Return. Kath. Bachler

Address, 817 E. Lombardstr:

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11511

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Negro
3. Date of Birth, April 30th 89
4. Place of Birth (Street and Number), 202 Kimble Aly.
5. Full Name of Mother, Mamie ~~Kitson~~ Young
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Philip F Young.
9. Father's Occupation, Painter
10. Father's Birthplace, ~~Baltimore City~~ Charlottesville Virginia

Name of Medical Attendant, or other person who makes this Return. Purnell F Sappington M.D.

Address, 309 E Biddle St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A. 11512
Sex, (State whether male or female)	male
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 1st
4. Place of Birth, (Street and Number)	203 E. Hamburg st
5. Full Name of Mother,	Catherine McHugh
6. Mother's Maiden Name,	Dougherty
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Laurence McHugh
9. Father's Occupation,	Man on Tugboat
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	D. C. Bunch M.D
Address,	511 Hamburg st
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katie Isabel Sass

A. 11513

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, ~~May 1st 1889~~ April 29, 1889
4. Place of Birth, (Street and Number) No. 326 Whyman St.
5. Full Name of Mother, Josephine Sass,
6. Mother's Maiden Name, " Welch
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Sass.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Annie Geems.

Address, 1114 Light St

Remarks, CERTIFICATE CORRECTED 5-1-54 L.M

Yours Respectfully.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11514

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 1889
4. Place of Birth, (Street and Number) 622 W Lombard St (Hospital)
5. Full Name of Mother, Martha Holtney
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 11515

Sex, (state whether male or female) Boy

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* 1 April

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Margie Deppisch

6. *Mother's Maiden Name,* Thuber

7. *Mother's Birthplace,*

8. *Full Name of Father,* Louis Deppisch

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11514

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, (1) 1223 Francis St
4. Place of Birth, (Street and Number) (2) April 18/89
5. Full Name of Mother, Mollie Reed
6. Mother's Maiden Name, Mollie Boyle
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm F Reed
9. Father's Occupation, Rail Road Employe
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Av

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 11517
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 1st 1889
4. Place of Birth, (Street and Number)	#119 Ensor St.
5. Full Name of Mother,	Rosa Lambach
6. Mother's Maiden Name,	Rosa Samson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Lambach
9. Father's Occupation,	Laboror
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butt
Address,	#1245 S. W. cor Monument St. & Central ave
Remarks,	All Well

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11518

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 3. 1889
4. *Place of Birth, (Street and Number)* 715 Lanvale St
5. *Full Name of Mother,* Margaret Isabelle O'Brien
6. *Mother's Maiden Name,* " " Moulton
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Joseph O'Brien
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. I S Raborg M.D.

Address, 220 W. Franklin St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11549

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male child~~ 2nd child
1. Sex, (State whether male or female)	Male child
2. Race or color, (if not of the white race)	White
3. Date of Birth,	April 2nd 1889
4. Place of Birth, (Street and Number)	Barney st No 185
5. Full Name of Mother,	Annie Straus
6. Mother's Maiden Name,	Annie Shaffer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Straus
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. J. Tully
Address,	No 1828 Light st
Remarks,	doing well

Failure to report as above to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11520

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 2" 89
4. Place of Birth, (Street and Number) 622 W Lombard St. Hospital
5. Full Name of Mother, Florence Rice
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 314 N. Monument St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11521

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* girl
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 2 Avril
4. *Place of Birth, (Street and Number)* 1316 Chevo st.
5. *Full Name of Mother,* Barbara Thorn
6. *Mother's Maiden Name,* Dechert
7. *Mother's Birthplace,* Bamberg Baiern
8. *Full Name of Father,* John B. Thorn
9. *Father's Occupation,* barber
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other person who makes this Return. Anna Wills

Address, 1147 E. Eagan St.

Remarks,

...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 6 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child A. 11522
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	April 23rd 1889
4. Place of Birth, (Street and Number)	William st. No. 1241
5. Full Name of Mother,	Virginia Besche
6. Mother's Maiden Name,	Regina Loramer
7. Mother's Birthplace,	Germaney
8. Full Name of Father,	Joseph Besche
9. Father's Occupation,	Upholsterer
Father's Birthplace,	Germaney
Name of Medical Attendant, or other person who makes this Return.	E. A. Tully
Address,	No. 1828 Light st
Remarks,	doing Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11523

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 3 April
4. Place of Birth, (Street and Number) 253 S. Gay St
5. Full Name of Mother, Esther Cohn
6. Mother's Maiden Name, " Bailie
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Cohn
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrich

Address, 1009 Hall Ave

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing #A 11524 - #A 11530,
n.d.

RN OF A BIRTH

of Vital Statistics, Board of Health, Baltimore City.

A. 115 31

ether 1st, 2d, 3d, &c.) 2

ale) Male

hite race)

April 5 — 1889

umber) 403 S. Exeter St.

Mally Goldborough

Fisher

Baltimore

Charles L. Goldborough

Laborer

Baltimore

or other person who makes this Return. Mary Stein

E. Pratt St.

Missing #A11532 - #A11544, incl

1889
4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 11545

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th 1889
4. Place of Birth, (Street and Number) #1116 Central ave
5. Full Name of Mother, T. Salbach
6. Mother's Maiden Name, T. Bruckmeyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Wm Salbach
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt

Address, #1245 S. W. cor Monument St. & Central ave

Remarks, All Well.

Name of child "Clement Joseph Solback" James A O'Brien

J. E. Wehn 10/7/25

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11546

..., (state whether 1st, 2d, 3d, &c.) 2nd

...nale or female) Female

...not of the white race) White

April 8th 1889

...reet and Number) 431 Pulaski St

...er, Celia A Hewitt

...me, " " Williams

Cecil Co Md

William H. Hewitt

Carpenter

Kent Co Md

...ndant, or other person who makes this Return. Agnes Eble

2042 Wilkins Ave

Lany

Return of a Birth
2nd Child
Female
White
State of Birth April 8/89
431 Pulaski St
Celia A. Hewitt
C. A. Williams
Cecil County Maryland.
Williams

HEALTH DEPARTMENT
BALTIMORE MD
MAY 4

...Baltimore City, registration of births, Health Department, months after the birth of any child, the parent or parents, or other person having charge of such child, shall attend at the office of the Registrar of Births, and make oath to the truth of the statements required to be entered in the certificate of birth of such child, and any such parent or other person who shall neglect or refuse to attend and make oath as aforesaid, shall be liable to a penalty of not less than five dollars nor more than twenty dollars for each and every such neglect or refusal, to be recovered as other penalties are recovered, and when collected to be paid into the City Treasury for the use of the Board of Health, and any such parent or other person who shall knowingly make any false statement in relation to any of the matters required to be entered in the certificate of birth of such child, shall be liable to a penalty of not less than twenty dollars nor more than one hundred dollars for each and every such false statement, to be recovered as other penalties are recovered, and when collected to be paid into the City Treasury for the use of the Board of Health

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th A. 11547

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 8th 1889
4. *Place of Birth, (Street and Number)* #312 Chestnut St.
5. *Full Name of Mother,* A. Smith
6. *Mother's Maiden Name,* A. Dorsey
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* N. Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt

Address, #1205 S. W. cor Monument St. & Central.

Remarks, All Well

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11548
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 1889
4. *Place of Birth, (Street and Number)*	1086 Front St.
5. *Full Name of Mother,*	M. ~~Husband~~ Heckady
6. *Mother's Maiden Name,*	M. Nolan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Heckady
9. *Father's Occupation,*	Potter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M. A. Pudd
Address,	Hays S.W. cor Monument St. & Central ave
Remarks,	All Well

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 11514

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* (White)
3. *Date of Birth,* April 8th 1889
4. *Place of Birth, (Street and Number)* 1813 Barclay St
5. *Full Name of Mother,* Mary E. Hooden
6. *Mother's Maiden Name,* Mary E. Kone
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Chas E. Hooden
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address, 2102 Madison Ave E

Remarks,

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1" A. 11550

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 8" 89
4. Place of Birth, (Street and Number) 622 W Lombard St. (Hospital)
5. Full Name of Mother, Birtie Ingston —
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A 11551
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 8 - 89
4. *Place of Birth, (Street and Number)*	1635 E. Monument St
5. *Full Name of Mother,*	Kate H. McNeil
6. *Mother's Maiden Name,*	" " Storck
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. McNeil
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 N. Dearborn St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh. A. 11552

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th April / 89
4. *Place of Birth, (Street and Number)* 164 Madison Ave Extd
5. *Full Name of Mother,* Maggie Gordon
6. *Mother's Maiden Name,* Maggie Casey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thos Gordon
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Av

Remarks:

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or color, (if not of the white race)
3. Date of Birth, 10 April
4. Place of Birth, (Street and Number) 710 Fielding St.
5. Full Name of Mother, Marie Wolzenbach
6. Mother's Maiden Name, Thelen
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Adam Wolzenbach
9. Father's Occupation, Grocer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Julia Walter

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 11554

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10/89
4. Place of Birth, (Street and Number) No 823 S. Burke St.
5. Full Name of Mother, Minnie Kopp
6. Mother's Maiden Name, Strocklein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Kopp
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11555
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 10th 89
4. *Place of Birth, (Street and Number)*	725 W Lexington
5. *Full Name of Mother,*	Nettie Friedenich
6. *Mother's Maiden Name,*	Friedenich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Felix Friedenich
9. *Father's Occupation,*	Wholesale Shoe Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Thomas Obie M.D.
Address,	600 N. Howard
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1A 15556

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11/89
4. Place of Birth, (Street and Number) No 1829 Alice-Ann St.
5. Full Name of Mother, Kate Groh
6. Mother's Maiden Name, Schreiner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Groh
9. Father's Occupation, Restaurateur
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person presiding midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4A 11557
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 10/89
4. *Place of Birth, (Street and Number)*	No 831 S. Burke St
5. *Full Name of Mother,*	Anna Lang
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lang
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* April 11th 1889
4. *Place of Birth, (Street and Number)* Baltimore City 840 Bartlett
5. *Full Name of Mother,* Cathern Maxwell
6. *Mother's Maiden Name,* Cathern Keller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John H Maxwell
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, 803 Woodyard St

Remarks,

GIVEN NAME ADDED 3-15-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Virden — Moore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11559

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1889
4. Place of Birth, (Street and Number) #428 Bethel St.
5. Full Name of Mother, B. Moore
6. Mother's Maiden Name, B. Bean
7. Mother's Birthplace, England
8. Full Name of Father, Wm Moore
9. Father's Occupation, Bricklair
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. A. Bull

Address, 1240 S.W. cor. Monument St. & Central ave

Remarks, All Well.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 11560
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 11-89
4. *Place of Birth, (Street and Number)*	1725 Aisquith St
5. *Full Name of Mother,*	Emma V. Heffner
6. *Mother's Maiden Name,*	" " Wibbelsw
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Walter M. Heffner
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Nurse Mary A. Allwell
Address,	912 McDonough St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 11561
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 11. 1889
4. *Place of Birth, (Street and Number)*	1827 Edmonson Avenue
5. *Full Name of Mother,*	Georgia Agle
6. *Mother's Maiden Name,*	" Phelps
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Harry Hayden Agle
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Marbury Brewer Med
Address,	1106 N. Calhoun Street
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A. 11562

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* April 12 89
4. *Place of Birth, (Street and Number)* 1705 Bank
5. *Full Name of Mother,* Francis Miller
6. *Mother's Maiden Name,* " Scholars
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Hotel Keeper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Frank C Brooks

Address, 1773 Bank

Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth ter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a rth which have occurred under his or her care during the month, and shall set forth as far as the same can be the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a tween the first and third day of each and every month to the Office of the Commissioner of Health. In case the child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to rth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars nse to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11563

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* #512 Short St.
5. *Full Name of Mother,* M. Bach
6. *Mother's Maiden Name,* M. Metzger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. P. Bach
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Budd

Address, #1245 S.W. cor. Monument St. & Central ave

Remarks, All Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child A 11564

1. *Sex, (State whether male or female)* Fanal
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* William st No. 1507
5. *Full Name of Mother,* Emma Virgenia Price
6. *Mother's Maiden Name,* Emma Virgenia Kenican
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter James Price
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. T. Tully

Address, No. 1828 Light St

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11565

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female). Male
2. Race or color, (if not of the white race)
3. Date of Birth, April 12th 1889
4. Place of Birth, (Street and Number) Baltimore Co
5. Full Name of Mother, Flance Mabel
6. Mother's Maiden Name, Flance Stadell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Mabel
9. Father's Occupation, Huster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, 503 Woodard st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st — A. 11551
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th 1899
4. *Place of Birth, (Street and Number)*	1911 W Lee St
5. *Full Name of Mother,*	Kate N Schott
6. *Mother's Maiden Name,*	" " Snyder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph A Schott
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Theodore Carlson M.D.
Address,	914 N Charles
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11567

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~F.S~~ ~~Strider~~ 4th child

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* No. 48 Heath st
5. *Full Name of Mother,* Ellen N. ~~Hartnen~~ Strider
6. *Mother's Maiden Name,* Ellen N. Hartnen
7. *Mother's Birthplace,* Fredrick M D.
8. *Full Name of Father,* Joseph I. Strider
9. *Father's Occupation,* Breakman on B. O. road
10. *Father's Birthplace,* Virgenia

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, no. 1828 Light st

Remarks, doing well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 11568

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* #1239 Orleans St.
5. *Full Name of Mother,* A. M. Weilacha
6. *Mother's Maiden Name,* A. M. Durkey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. Weilacha
9. *Father's Occupation,* Piano-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt

Address, #1245 S.W. cor. Monument St. & Central ave

Remarks, All Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A. 11569
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 12.
4. *Place of Birth, (Street and Number)*	908 Orchard St
5. *Full Name of Mother,*	Martha Wilson
6. *Mother's Maiden Name,*	Handy
7. *Mother's Birthplace,*	Easton Shore somerset County Md
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Easton Shore somerset County Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson street
Remarks,	

1911. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second {2nd} A 11570

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 12th 1889
4. Place of Birth, (Street and Number) 316 North Eden
5. Full Name of Mother, Kate Vogel
6. Mother's Maiden Name, Austeen
7. Mother's Birthplace, Germany
8. Full Name of Father, Aaron Vogel
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H E Hack M.D.

Address, 1519 E Baltimore St

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1889
4. Place of Birth, (Street and Number) 916 Hope St.
5. Full Name of Mother, Ellen Cavill
6. Mother's Maiden Name, Danovon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Cavill
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 — A 11572

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 12 - 1889
4. Place of Birth, (Street and Number) 217 Salem St. (Annex)
5. Full Name of Mother, Friedelike Kron
6. Mother's Maiden Name, Dino
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Kron
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 11573

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth, April 13 – 1889
4. Place of Birth, (Street and Number) 231 S. Caroline St.
5. Full Name of Mother, Fanni Weiland
6. Mother's Maiden Name, Farrell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otto Weiland
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT, MAY 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelve A 11574
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 13 — 89
4. Place of Birth, (Street and Number)	1909 Mc Elderry St
5. Full Name of Mother,	Alice. Hudson
6. Mother's Maiden Name,	" Bromwell
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas C. Hudson
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8 A 11575

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 13 th april
4. *Place of Birth, (Street and Number)* Balto Stolton st 1363
5. *Full Name of Mother,* Marthia S Powell
6. *Mother's Maiden Name,* Marthia S Wilson
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* James E Powell
9. *Father's Occupation,* Houchter
10. *Father's Birthplace,* Montgomery County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1698 Vincent ave near Baker

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance as [illegible] shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on [illegible] schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the bi[illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occup[illegible] of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child A 1578
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday April 13th. 1889
4. *Place of Birth, (Street and Number)*	S. E. Cor. Chas St. & Greenmount Ave
5. *Full Name of Mother,*	Agnes G. Ludwig.
6. *Mother's Maiden Name,*	Agnes G. Ward.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Lincoln Ludwig.
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	York Co. Pa
Name of Medical Attendant, or other person who makes this Return.	Wilmer Benton M.D.
Address,	Chas St. & ~~Greenmount Ave~~
Remarks,	Forest Place

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 11577

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 13th 1889
4. *Place of Birth, (Street and Number)* #1414 May St.
5. *Full Name of Mother,* M. Smith
6. *Mother's Maiden Name,* M. Hinton
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Wm Smith
9. *Father's Occupation,* ——
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt

Address, #1245 S.W. cor Monument St. & Centralia

Remarks, Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11578

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	April 14th 1889
4. *Place of Birth, (Street and Number)*	29 Clifford Ave. Woodberry. Balt
5. *Full Name of Mother,*	Mary E. Baker
6. *Mother's Maiden Name,*	Mary E. Blouse
7. *Mother's Birthplace,*	York Co. Penna.
8. *Full Name of Father,*	Jacob H. Baker
9. *Father's Occupation,*	Mason
10. *Father's Birthplace,*	York Co. Penna
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower M.D.
Address,	119-35th Ave. Woodberry, Balt. Md.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 11579

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 14 1889
4. *Place of Birth, (Street and Number)* 1137 Mount Street
5. *Full Name of Mother,* Jessie Gettier
6. *Mother's Maiden Name,* " Ogle
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Chas E. Gettier
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11580
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 14th 1889
4. Place of Birth (Street and Number),	512 Gold St
5. Full Name of Mother,	Kate Londenslager
6. Mother's Maiden Name,	Bauce
7. Mother's Birthplace,	Md
8. Full Name of Father,	George Londenslager
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11581

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15" 89
4. Place of Birth, (Street and Number) 622 W Lombard St (Hospital)
5. Full Name of Mother, Lizzie Lynn
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, L. E. Neal M.D.

Address, 519 W. Monument St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parent or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 11582
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 15–89
4. *Place of Birth, (Street and Number)*	2409 E. Monument
5. *Full Name of Mother,*	Maggie Locher
6. *Mother's Maiden Name,*	" Young
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Locher
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 N. Broadway
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child A. 11553

1. Sex, (state whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, April 15.
4. Place of Birth, (Street and Number) South Bond Street #825.
5. Full Name of Mother, Ana Brozouska
6. Mother's Maiden Name, Ana Gelsohak
7. Mother's Birthplace, Sawoka Wolla, (West Prussen)
8. Full Name of Father, John Gelsohak
9. Father's Occupation, Cannaker
10. Father's Birthplace, Sawoka Wolla (West Prussen)

Name of Medical Attendant, or other person who makes this Return. Kath. Buehler

Address, 1817 E. Lombard st.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 115814

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 15th 12.20 A.M. 1889
4. Place of Birth, (Street and Number) 766 St. Peter St.
5. Full Name of Mother, Ann Rozella O'Driscoll
6. Mother's Maiden Name, Posey
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, John C. Driscoll
9. Father's Occupation, Bartender
10. Father's Birthplace, Cork Ireland

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 N. Lombard St.

Remarks, Natural Labor,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11585

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 15th
4. *Place of Birth, (Street and Number)* 5-26 St Marys St
5. *Full Name of Mother,* Clemmine Mahammott
6. *Mother's Maiden Name,* " " Morgan
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Mahammott
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Thoms

Address, 710 Tyson st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7A 11538

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 13/89
4. Place of Birth, (Street and Number) 1823 Eastern Ave.
5. Full Name of Mother, Caroline Klemm
6. Mother's Maiden Name, Felder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Klemm
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. It shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 — A. 11558

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth April 15th 1889
4. Place of Birth, (Street and Number) Baltimore City No 114 Scott St
5. Full Name of Mother, Ellanora Banks
6. Mother's Maiden Name, Ellanora Holmes
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William D. Banks
9. Father's Occupation, Conductor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs H. C. Schaffer

Address, No 803 Woodland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child A 11555

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 15th, 1889
4. Place of Birth, (Street and Number) Johnston st No. 1213
5. Full Name of Mother, Lillie Workinger
6. Mother's Maiden Name, Lillie Chenkle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Workinger
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr E. T. Tully

Address, No. 1828 Light st

Remarks, doing Well

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child A.11559
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 15th 1889
4. *Place of Birth, (Street and Number)*	1430 S. Charles St.
5. *Full Name of Mother,*	Barbary Essex.
6. *Mother's Maiden Name,*	Barbary Richard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Essex
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Lassiter
Address,	213 E. Hall St.
Remarks,	Doing Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1 **A** 11590

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 16 '89
4. *Place of Birth (Street and Number),* 336 E Huntingdon
5. *Full Name of Mother,* Mrs Mary Litz
6. *Mother's Maiden Name,* " Ostendorf
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Litz
9. *Father's Occupation,* Day Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W. Fayette St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 11591

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth* 16th April 1889
4. *Place of Birth, (Street and Number)* 117 Hughes St
5. *Full Name of Mother,* Emma May Andrews
6. *Mother's Maiden Name,* Danaker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Andrews
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 11592

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 16th 1889
4. *Place of Birth (Street and Number),* 512 Gold St
5. *Full Name of Mother,* Adelaide Grimm
6. *Mother's Maiden Name,* Markert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Grimm
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Chas E Fadtler Mr

Address, 2100 Druid Hill Ave

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 11593

1. *Sex, (state whether male or female)* boy
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 16 April
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Anna Lober
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,*
8. *Full Name of Father,* John Lober
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2A 1594

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16 84
4. *Place of Birth, (Street and Number)* No 408 Madeira Alley
5. *Full Name of Mother,* Albertine Engelhardt
6. *Mother's Maiden Name,* Potthoff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Engelhardt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Graft.

Address, No 405 S. Washington Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jessie Elizabeth Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday April 17th 1889
4. Place of Birth, (Street and Number)	421 Pinkney Place.
5. Full Name of Mother,	Lizzie Myers.
6. Mother's Maiden Name,	Lizzie Zagg
7. Mother's Birthplace,	Petersburg Pa
8. Full Name of Father,	George Myers.
9. Father's Occupation,	Telegraph Operator.
10. Father's Birthplace,	Gettysburg, Pa
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Chase St. & Fremont Place.
Remarks,	GIVEN NAME ADDED 4-13-54 L-M.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 11596

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex (state whether male or female)	Male
Race or Color (if not of the white race)	White
Date of Birth	April 18
Place of Birth (Street and Number)	Baltimore No. 1902 Lemon St
Full Name of Mother	Sarah E Harney
Mother's Maiden Name	Sarah E Skipper
Mother's Birthplace	Baltimore
Full Name of Father	William E Harney
Father's Occupation	Saloon Keeper
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ruth A Bathurst
Address	No. 1906 West Pratt St
Remarks	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 1197

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 18th 1889.
4. Place of Birth, (Street and Number) 1436 E. Monument str.
5. Full Name of Mother, Elizabeth G. Watkins
6. Mother's Maiden Name, Elizabeth G. Riley
7. Mother's Birthplace, Cincinnati Ohio
8. Full Name of Father, Nicholas A. Watkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Meyer M. D.

Address, Gay & Dallas sts.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 4-11-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Henry~~. Blakeney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 11598

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th 1889
4. *Place of Birth, (Street and Number)* #1410 Monument St.
5. *Full Name of Mother:* Lizzie ~~(L) Blackney~~ Blakeney
6. *Mother's Maiden Name,* (L) Gordan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm A ~~Blackney~~ Blakeney
9. *Father's Occupation,* Coach - painter
10. *Father's Birthplace,* Chestertown

Name of Medical Attendant, or other person who makes this Return. Mrs. M. S. Butt

Address, #1240 S. W. cor Monument St. & Central ave

Remarks, All Well

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11599
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	18th April 1889
4. *Place of Birth, (Street and Number)*	508 Fort Ave
5. *Full Name of Mother,*	Louisa Thomas
6. *Mother's Maiden Name,*	Wright
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Thomas
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Laborer
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Hunt Ave
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 1600

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April, 18, 1889
4. *Place of Birth, (Street and Number)* 2127 Kine St
5. *Full Name of Mother,* Annetta Israel
6. *Mother's Maiden Name,* Haines
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Zacharyah T. Israel
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Edward H Condon MD

Address, 1403 W Fayette St

Remarks,

[illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gustavus Adolph ~~Herald~~

A. 11601

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 April - 1889
4. Place of Birth, (Street and Number) 102 N Granby St
5. Full Name of Mother, Teresa Herald
6. Mother's Maiden Name, Vilas
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Gustav Herald
9. Father's Occupation, Bar keeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, COVER NAME ADDED 4-24-53 1302 E. Monument St

Remarks, L.M

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 11602
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 18th
4. *Place of Birth, (Street and Number)*	20 E. Wash St
5. *Full Name of Mother,*	Annie Dressell
6. *Mother's Maiden Name,*	" Welsh
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Dressell
9. *Father's Occupation,*	Glass flatterer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	D C Bevan M D
Address,	511 Hanover St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11603

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 19th
4. *Place of Birth, (Street and Number)* Lombardtstreet #1921
5. *Full Name of Mother,* Margarethe Zitzman
6. *Mother's Maiden Name,* " " Kropffelder
7. *Mother's Birthplace,* Nieder-Mierensberg (Bayern)
8. *Full Name of Father,* John Kropffelder
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Reifenberg (Bayern)

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Kath. Buehler
1817 E. Lombardstr.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] charge of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 116014

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	April 19th / 89
4. *Place of Birth, (Street and Number)*	#1927 Frederick Ave.
5. *Full Name of Mother,*	Emma Shepard
6. *Mother's Maiden Name,*	" Mills
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Wm J. Shepard
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Sidney
Address,	#126 S. Monroe St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. MULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child A.11605
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday April 19th. 1889
4. *Place of Birth, (Street and Number)*	122 Dolphin St.
5. *Full Name of Mother,*	Etta Carlisle
6. *Mother's Maiden Name,*	Etta Taylor,
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	Edward Carlisle
9. *Father's Occupation,*	Driver of Express Wagon
10. *Father's Birthplace,*	Baltimore, ~~Md~~, Co. Md
Name of Medical Attendant, or other person who makes this Return,	Wilmer Barnlow, M.D.
Address,	Chas St. & Fremont Place
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 11606

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20/84
4. Place of Birth, (Street and Number) No 421 E. Bond St
5. Full Name of Mother, Wilhelmine Comlen
6. Mother's Maiden Name, Evans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Comlen
9. Father's Occupation, Boiler - Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kracht

Address, No 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11607

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20/89
4. *Place of Birth, (Street and Number)* No 1238 Preston St.
5. *Full Name of Mother,* Mary Münchow
6. *Mother's Maiden Name,* Ulbrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rudolf Munchow
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child A 11608

1. *Sex, (State whether male or female)* Male child ~~Female~~
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 20 of April
4. *Place of Birth, (Street and Number)* 1833 Light St
5. *Full Name of Mother,* Rose Hekner
6. *Mother's Maiden Name,* Rose Wether
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hekner
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. C A Tully

Address, 1828 Light St

Remarks, Doing Well

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd, A. 11609
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Tuesday April 22nd. 889
4. *Place of Birth, (Street and Number),*	913 Valley St.
5. *Full Name of Mother,*	Mary Kernan,
6. *Mother's Maiden Name,*	Mary Ward
7. *Mother's Birthplace,*	Baltimore Md,
8. *Full Name of Father,*	Bernard Kernan,
9. *Father's Occupation,*	Cab Driver
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D
Address,	Chas St. & Forrest Place
Remarks,	

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 11610

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20th
4. Place of Birth, (Street and Number) No. 31 London Ave
5. Full Name of Mother, Amelia Quepka
6. Mother's Maiden Name, Amelia Rokel
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Quepka
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child A. 11 6 11

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 20th 1889
4. Place of Birth, (Street and Number) Baty Avenue No 102
5. Full Name of Mother, Catharine Leary
6. Mother's Maiden Name, Catharine Ryan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Leary
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. A Tully

Address, No 1828 Light st

Remarks, doing well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11612

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 21st 1889
4. Place of Birth, (Street and Number) 931 McDonough st.
5. Full Name of Mother, Minnie Mueller
6. Mother's Maiden Name, Minnie Hilgeman
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Mueller
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Charles H. C. Meyer M.D.

Address, Gay & Dallas sts.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second A. 11613

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Apr. 20. 89
4. *Place of Birth, (Street and Number)* 505 Hanover St.
5. *Full Name of Mother,* Annie E. Kerr
6. *Mother's Maiden Name,* Annie E. Napfle
7. *Mother's Birthplace,* Jersey City, N.Y.
8. *Full Name of Father,* Thos. W. Kerr
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. C. O. Miller M.D.

Address, 312 W. Madison St.

Remarks,

John Murphy & Co., City Printers and Stationers.

[illegible] and be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 116114

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Apr 21st 1889
4. *Place of Birth, (Street and Number)* Crowther's Alley, Hampden, Balto.
5. *Full Name of Mother,* Lilly Maria Williams
6. *Mother's Maiden Name,* Lilly Maria Brierly
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Benjamin F. Williams
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo T. Shower M.D.

Address, 114 - 3d Ave Woodberry, Balto. Md

Remarks.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11615

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 21st 1889
4. *Place of Birth, (Street and Number)* 1523 Argyle Ave
5. *Full Name of Mother,* Rose Duffy
6. *Mother's Maiden Name,* O'Brian
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John O'Brian
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Faulkner MD

Address, 2100 Druid Hill Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 **A.** 11616

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 21th 1889
4. Place of Birth, (Street and Number) Sermon Street No 800
5. Full Name of Mother, Mary May
6. Mother's Maiden Name, Mary Fitsgibbens
7. Mother's Birthplace, Ireland
8. Full Name of Father, William May
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimor

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A. 11617
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday April 21st 1889
4. *Place of Birth, (Street and Number)*	502 N. ~~Ct~~ Arlington Ave
5. *Full Name of Mother,*	Mary Owings
6. *Mother's Maiden Name,*	Mary Gotwright
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Wm Owings
9. *Father's Occupation,*	Farming Laborer ~~Carroll Co. Md~~
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St, & Fremont Place
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 11618

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21/89
4. *Place of Birth, (Street and Number)* N° 311 S. Bond St.
5. *Full Name of Mother,* Sabina Rommel
6. *Mother's Maiden Name,* Ruppert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Phillipp Rommel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 11619

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21/89
4. *Place of Birth, (Street and Number)* No. 412 Madeira Pkly.
5. *Full Name of Mother,* Mary Wieland
6. *Mother's Maiden Name,* Stark
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Konrad Wieland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, (No. 405 S. Washington St.

Remarks,

MAY 7 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A.** 11620

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 21st 1889
4. *Place of Birth, (Street and Number)* #423 Crossback lane
5. *Full Name of Mother,* J. Clarke
6. *Mother's Maiden Name,* J. Steward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* S. Clarke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Bell

Address, #1245 S. W. cor. Monument St. & Central ave

Remarks, All Well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 17621

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1889
4. Place of Birth, (Street and Number) #1118 Sumerset St.
5. Full Name of Mother, A. Harchmer
6. Mother's Maiden Name, A. Bomesay
7. Mother's Birthplace, Bohemia
8. Full Name of Father, A. Harchmer
9. Father's Occupation, Letter-finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, #1245 S. W. cor. Monument St & Central ave

Remarks, All Well.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 11622

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 22/89
4. *Place of Birth, (Street and Number)* No 407 Madeira Aly
5. *Full Name of Mother,* Josephine Mulkern
6. *Mother's Maiden Name,* Bottler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mulkern
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks, Dwins.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each anniversary month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 12-2-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Agnes Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 11623.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1889
4. Place of Birth, (Street and Number) 1719 Mc. Cowen St.
5. Full Name of Mother, A. Martin
6. Mother's Maiden Name, A. Griffin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Martin
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M A Burns

Address, #1245 E. N. cor. Monument St. & Central ave

Remarks, All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 11624
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	April 22nd
4. *Place of Birth (Street and Number),*	52 Walnut St.
5. *Full Name of Mother,*	May. Oliver
6. *Mother's Maiden Name,*	— Massey
7. *Mother's Birthplace,*	Alexandria Va.
8. *Full Name of Father,*	Frank Oliver
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	L.P. Monmonier M.D.
Address,	634 Gorsuch Av.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11825

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1889
4. Place of Birth, (Street and Number) 209 Covington ave
5. Full Name of Mother, V. Slaudan
6. Mother's Maiden Name, V. Williams
7. Mother's Birthplace, Virginia
8. Full Name of Father, A. Slaudan
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Burtt

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1626

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 23 / 89
4. Place of Birth, (Street and Number) No 1508 Thames St.
5. Full Name of Mother, Mary Lorenz
6. Mother's Maiden Name, Regner
7. Mother's Birthplace, Germany
8. Full Name of Father, Markus Lorenz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Krafft.

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11627

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 23 cd
4. Place of Birth, (Street and Number) 686 Pierce Street
5. Full Name of Mother, Sarah Fendle
6. Mother's Maiden Name, ... Epps
7. Mother's Birthplace, Harford County
8. Full Name of Father, Stephen Fendle
9. Father's Occupation, Labor
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson st City

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11628

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 23
4. *Place of Birth, (Street and Number)* 5 & 7 Loanvale st
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Norris
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Allen Brown
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Brown

Address, 710 Tyson st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child A. 11829

1. *Sex, (State whether male or female)* Female

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* April 23rd 1889

4. *Place of Birth, (Street and Number)* #1927 Lemoin St.

5. *Full Name of Mother,* Annie Klemm

6. *Mother's Maiden Name,* Mann

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* George Klemm

9. *Father's Occupation,* Cleaner

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #116 S. Monroe St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 11630

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23 1889
4. Place of Birth, (Street and Number) Fawn St 907.
5. Full Name of Mother, Sara Goldenberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Goldenberg
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 192 S. Eutaw St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 11631

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* April 23 189
4. *Place of Birth (Street and Number),* 474 North Regester
5. *Full Name of Mother,* Emily Parker
6. *Mother's Maiden Name,* Emily stackley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilam Stackely
9. *Father's Occupation,* Salar
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Elisabeth Mondora

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3" A. 11632

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 24" '89
4. Place of Birth, (Street and Number) 622 W Lombard St Hospital
5. Full Name of Mother, Alberta Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

Whoever, being in charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 11633

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 24 1889
4. *Place of Birth, (Street and Number)* 115 E Fr avenue
5. *Full Name of Mother,* Almina Lacy
6. *Mother's Maiden Name,* Almina Selecman
7. *Mother's Birthplace,* *Virginia
8. *Full Name of Father,* William Lacy
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Boston Mass

Name of Medical Attendant, or other person who makes this Return. H B Noble MD

Address, 301 Warren av

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 116304
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	April 25th 89
4. *Place of Birth, (Street and Number)*	# 1928 Lemon St.
5. *Full Name of Mother,*	Annie M Lemon
6. *Mother's Maiden Name,*	" " Lorizold
7. *Mother's Birthplace,*	Catonsville
8. *Full Name of Father,*	John H. Lemon
9. *Father's Occupation,*	~~Catonsville~~ Laborer
10. *Father's Birthplace,*	Catonsville
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 106 E. Monroe St.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupations of its parents, the day and place of its birth and the said schedule shall be delivered, duly sworn to by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 11 35

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 1888
4. Place of Birth, (Street and Number) N.E. Cor. Preston & Broadway
5. Full Name of Mother, Annie V. Burton
6. Mother's Maiden Name, Annie V. Roder
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Burton
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1307 N. Central Ave.

Remarks,

D. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 11636

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 25' 89
4. Place of Birth, (Street and Number) 242 Chestnut St
5. Full Name of Mother, Edith Robinson
6. Mother's Maiden Name, Edith Norman
7. Mother's Birthplace, Philadelphia, Pa
8. Full Name of Father, Thornton Wilmore
9. Father's Occupation, Fisherman
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Wm. F. Smart M.D.

Address, City Hospital, Balto.

Remarks, Woman in labor 30 hrs. Not present at time of birth but came about 3 hrs after. Normal

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 11637
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	April 26th 89
4. *Place of Birth, (Street and Number)*	17 W. Pratt st
5. *Full Name of Mother,*	Sophie Danka
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	John Danka
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Zieghe MD
Address,	920 N. Broadway
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child A. 11638

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, April 26 1897

4. Place of Birth, (Street and Number) # 104 S. Monroe St.

5. Full Name of Mother, Mary Lizzie Mansel

6. Mother's Maiden Name, " " " Winkler

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George Mansel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106 S. Monroe St.

Remarks,

Failure to report such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11639

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Apr 26th 1889
4. *Place of Birth, (Street and Number)* 413 Falls Road. Hampden, Balt.
5. *Full Name of Mother,* Idus N. Frank
6. *Mother's Maiden Name,* Idus N. Fuhrman
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* John W. Frank
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M. D.

Address, 119 - 3d Ave. Woodberry, Balt. Md.

Remarks,

The Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 11640

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 26th 1889
4. *Place of Birth, (Street and Number)* Callender Street No 120
5. *Full Name of Mother,* Sarah Morwood
6. *Mother's Maiden Name,* Sarah Cronin
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* John Morwood
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 112 Callender Street Baltimor

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4A 11/47

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26/89
4. *Place of Birth, (Street and Number)* No 1617 Alic Ann St
5. *Full Name of Mother,* Mary Winterling
6. *Mother's Maiden Name,* Seeberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Winterling
9. *Father's Occupation,* Harnish-Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks,

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11642

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Friday April 26. 1889
4. *Place of Birth, (Street and Number)* 3. Dorsey Lane.
5. *Full Name of Mother,* Mary Frances O'Keefe
6. *Mother's Maiden Name,* " " Peregoy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William James O'Keefe
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. D. Mullins M. D.

Address, 931 Frederick ave Cd.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 11643

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1889
4. *Place of Birth, (Street and Number)* 120 W Lombard St
5. *Full Name of Mother,* Jennie Walsh
6. *Mother's Maiden Name,* " Boulden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mich. Walsh
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.C.

Address, 914 N Charles St. Pad 13

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11644

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1889
4. *Place of Birth, (Street and Number)* 1113 Hanover St.
5. *Full Name of Mother,* Dora C. Deihlman
6. *Mother's Maiden Name,* " " Bald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Deihlman
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Theodore Cooke M.D.

Address, 914 N. Charles St. Pl. 13

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 11645

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Colard
3. *Date of Birth,* April. 27. 1889
4. *Place of Birth, (Street and Number)* 141, W. Hill, St
5. *Full Name of Mother,* Alice Lawson
6. *Mother's Maiden Name,* " " Penn
7. *Mother's Birthplace,* Frederick. Co. Md
8. *Full Name of Father,* Richard P. Lawson
9. *Father's Occupation,* Preacher.
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Sarah J. Wilson

Address, Hughs St

Remarks,

MAY 4 1900

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 11646
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 27 - 89
4. *Place of Birth, (Street and Number)*	2228 Fairmount Ave
5. *Full Name of Mother,*	Maud Lee Price
6. *Mother's Maiden Name,*	" " Morrison
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo. A. Price
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Dougle St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of unlawfully, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Anne Connolly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 11647

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 April
4. *Place of Birth, (Street and Number)* 1232 Gaugh St
5. *Full Name of Mother,* Barbara Connely
6. *Mother's Maiden Name,* " Steiner
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Connely
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1302 Holland St.

Remarks,

GIVEN NAME ADDED 4/30/54 [illegible]

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st A. 11848

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 27th 89
4. *Place of Birth (Street and Number),* No. 117 E. West St
5. *Full Name of Mother,* Christina Germershausen
6. *Mother's Maiden Name,* " " Schene
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jos Germershausen
9. *Father's Occupation,* Carpenter & Builder
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Benisch

Address, No. 418. w. Conway st.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First **A.** 11649

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1889
4. *Place of Birth, (Street and Number)* No 600 Baltimore
5. *Full Name of Mother,* Louisa Scarf
6. *Mother's Maiden Name,* Louisa Arnold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Scarf
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumar

Address, No 1927 W. Lombard St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11650

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 27
4. Place of Birth, (Street and Number) 93 s Druid Hill ave
5. Full Name of Mother, Ida Eleazer
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jefferson Dotson
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson Street City

Remarks,

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 11607
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 27th
4. *Place of Birth, (Street and Number)*	622 Mosher st
5. *Full Name of Mother,*	Ida Davey
6. *Mother's Maiden Name,*	....
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William Allison
9. *Father's Occupation,*	Flag Carrier
10. *Father's Birthplace,*	Eastern shore
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A 11852
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 27 — 1889
4. *Place of Birth, (Street and Number)*	1123 Hanover st.
5. *Full Name of Mother,*	Maggie Mc Grey.
6. *Mother's Maiden Name,*	Connally.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Mc Grey.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lohmasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 11653

Name - Mary Agnes Anderson

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, April 28th 1889
4. Place of Birth, (Street and Number) 1105 W Lexington St
5. Full Name of Mother, Josephine Anderson
6. Mother's Maiden Name, Josephine Shaumahan
7. Mother's Birthplace, Charleston S. C.
8. Full Name of Father, Thos Anderson
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. B. Noble, M.D.

Address, 301 Warren Av

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child so born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child. A 116541

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth 28th of April.
4. Place of Birth (Street and Number) 1209 Old. Bay St.
5. Full Name of Mother Mary Kirsch Fryer.
6. Mother's Maiden Name Mary Kirsch.
7. Mother's Birthplace Baltimore.
8. Full Name of Father George Fryer.
9. Father's Occupation Barber.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Lanahan

Address 1049 Old. Bay St.

Remarks Doing well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male A. 11655

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 28 1889
4. *Place of Birth, (Street and Number)* 339 Rose st
5. *Full Name of Mother,* Mary Susan Gibson
6. *Mother's Maiden Name,* Mary Susan Watts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred H. Gibson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Allabama

Name of Medical Attendant, or other Person who makes this Return. Mrs Amelia Banks

Address, 930 Cataro St

Remarks,

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...en Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 11657

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 28/89
4. *Place of Birth, (Street and Number)* N° 111 Bradford Alley
5. *Full Name of Mother,* Emma Gluth
6. *Mother's Maiden Name,* Liefke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Reinhold Gluth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Knapp

Address, N° 405 S. Washington Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 11657

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 28th 1859
4. *Place of Birth, (Street and Number)* No 203 Cross St.
5. *Full Name of Mother,* Maggie A Sheldon
6. *Mother's Maiden Name,* Maggie Dixon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Sheldon
9. *Father's Occupation,* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Caskey

Address, 213 Heath St.

Remarks, Doing Well.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his other care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2A 11658

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 28/89
4. *Place of Birth, (Street and Number)* No 1909 Canton Ave
5. *Full Name of Mother,* Olga Baker
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herrmann Baker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 11659

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 28th 1889.
4. Place of Birth, (Street and Number) 2314 Pennsylvania ave.
5. Full Name of Mother Annie Meister
6. Mother's Maiden Name " Klages
7. Mother's Birthplace Balto Md
8. Full Name of Father Frederick J. Meister
9. Father's Occupation Butcher
10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. James Broom M.D.

Address 1100 Lafayette ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11260

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white white
3. *Date of Birth,* April 28th
4. *Place of Birth, (Street and Number)* No. 13 Young St
5. *Full Name of Mother,* Johanna Michael
6. *Mother's Maiden Name,* Johanna Konrades
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Michael
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. FRILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 11661

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28 89
4. *Place of Birth, (Street and Number)* 1421 John St.
5. *Full Name of Mother,* Mollie Gemmell
6. *Mother's Maiden Name,* Mollie Ricaud
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frank B. Gemmell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address, 2102 Madison Ave

Remarks,

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A. 11662

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* April 28/89
4. *Place of Birth, (Street and Number)* 329 N. Eutaw St.
5. *Full Name of Mother,* Pauline Kohlermann
6. *Mother's Maiden Name,* " " Rial
7. *Mother's Birthplace,* Sachsen
8. *Full Name of Father,* Michael Kohlermann
9. *Father's Occupation,* Deputy Warden
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106 S. Monroe St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11663

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28"89
4. *Place of Birth, (Street and Number)* 622 W Lombard St Hospital.
5. *Full Name of Mother,* Stasia Sadlek
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11664

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 28" 89
4. Place of Birth, (Street and Number) 622 W Lombard St. (Hospital)
5. Full Name of Mother, Mary Wesson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robt Wesson
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, L. E. Neale MD

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11665

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* ~~Aug~~ April 30th
4. *Place of Birth (Street and Number),* 710 Gold St
5. *Full Name of Mother,* Mrs. Martha E. Haddinott
6. *Mother's Maiden Name,* " " Fogler
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John K. Haddinott
9. *Father's Occupation,* Bell hanger
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. W. T. Hill Md.

Address, 1001 Ed ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 11666

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* April 30th 1889
4. *Place of Birth, (Street and Number)* Henrietta st nr Valley East Balto City
5. *Full Name of Mother,* Josephine Bailey
6. *Mother's Maiden Name,* Josephine Shipsper
7. *Mother's Birthplace,* Balto County Md
8. *Full Name of Father,* Jacob Elvin Bailey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margret Steinkel

Address, Mount st nr Valley st Balto City East

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th in Maryland 1867

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1889
4. Place of Birth, (Street and Number) Low - street # 1105
5. Full Name of Mother, Attie Rosental
6. Mother's Maiden Name, Attie Horenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Luis Rosental
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schussman

Address. Albemarle st # 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Clara A 1168

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1889
4. Place of Birth, (Street and Number) High str. #102
5. Full Name of Mother, Minnie Veinberg
6. Mother's Maiden Name, Minnie Rabinowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Iky Veinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Ed Scherman

Address, Albemarle St n 103.

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 11669

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1889
4. Place of Birth, (Street and Number) S. Bond St No 732
5. Full Name of Mother, Elisabeth Meineke
6. Mother's Maiden Name, Elisabeth Müller
7. Mother's Birthplace, Balto. City
8. Full Name of Father, August Meineke
9. Father's Occupation, Laborer
10. Father's Birthplace, Braunschweig Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

MAY 23 1889
BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-12-33

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 11670

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of April 1889
4. Place of Birth, (Street and Number) 3133
5. Full Name of Mother, Annie Lukan
6. Mother's Maiden Name, = Wesky
7. Mother's Birthplace, Balt
8. Full Name of Father, Otto Lukan
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the A. 11671

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of April
4. Place of Birth, (Street and Number) 609 Gist St.
5. Full Name of Mother, Elisabeth Labs
6. Mother's Maiden Name, = Albers
7. Mother's Birthplace, Balt
8. Full Name of Father, Simon Labs
9. Father's Occupation, Labeln
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11672

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1889
4. *Place of Birth, (Street and Number)*	403 Grundel St
5. *Full Name of Mother,*	Elizzie King
6. *Mother's Maiden Name,*	Elizzie Lee Day.
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George ~~John~~ W. King.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey.
Address,	213 Steadle St
Remarks,	Doing Well

...of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 te

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of April
4. Place of Birth, (Street and Number) 2324 Essex St.
5. Full Name of Mother, Friederiake Johns
6. Mother's Maiden Name, = Kohler.
7. Mother's Birthplace, Balt.
8. Full Name of Father, William Johns
9. Father's Occupation, Laborer
10. Father's Birthplace, Wales England.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5the A. 11674

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 14 April
4. *Place of Birth, (Street and Number)* 25 23 Eastern Avenuen
5. *Full Name of Mother,* Margi Hammond
6. *Mother's Maiden Name,* = Hargies
7. *Mother's Birthplace,* Virginien
8. *Full Name of Father,* Nicolas Hammond
9. *Father's Occupation,* Grociers
10. *Father's Birthplace,* Virginien

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 25 24 Lancaster St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11675

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 April
4. Place of Birth, (Street and Number) 224 Canton Avenueen
5. Full Name of Mother, Elisabeth Martini
6. Mother's Maiden Name, = Zimmerman
7. Mother's Birthplace, Balt
8. Full Name of Father, Albert Martini
9. Father's Occupation, Driver
10. Father's Birthplace, Magdeburg

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11676

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of April
4. *Place of Birth, (Street and Number)* 616 Port Alle
5. *Full Name of Mother,* Wilhelmine Schön
6. *Mother's Maiden Name,* = Mayjoks
7. *Mother's Birthplace,* Deutsch Eaken.
8. *Full Name of Father,* August Schön
9. *Father's Occupation,* Laboln
10. *Father's Birthplace,* Schauegerau (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4the A. 11677

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th April
4. Place of Birth, (Street and Number) 2513 Alice Anna St
5. Full Name of Mother, Anna Löffler
6. Mother's Maiden Name, Schöbelein
7. Mother's Birthplace, Krögelstein (Bavaria)
8. Full Name of Father, Andreas Löffler
9. Father's Occupation, Schoemacher
10. Father's Birthplace, Laam (Bavaria)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 25-24 Lancaster St

Remarks, Canton

Health. This schedule shall contain ... list of the bir... month, and shall set forth as far as the same can be as... been conferred) its sex, color, the full name and occupation of ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...le, to be furnished by the Commissioner of ... occurred under his or her care during the ... full name of each child, if any shall have

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child A 11578

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1889
4. *Place of Birth, (Street and Number)* S. Eden St No 727
5. *Full Name of Mother,* Katharina Eversmeyer
6. *Mother's Maiden Name,* Katharina Muhle
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frederick Eversmeyer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 11679

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1889
4. *Place of Birth, (Street and Number)* Orleans St No 2116
5. *Full Name of Mother,* Margaretha Driver
6. *Mother's Maiden Name,* Margaretha Bieger
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christian Driver
9. *Father's Occupation,* Salloon Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary. E. Müller

Address, N. Dallas St No 114

Remarks,

MAY 23 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11680

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 April
4. Place of Birth, (Street and Number) 709 Rose St
5. Full Name of Mother, Käthe Lüpke
6. Mother's Maiden Name, = Remkel
7. Mother's Birthplace, Balt
8. Full Name of Father, H. Lüpke John.
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weis

Address, 2524 Lancaster St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11681

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of April
4. Place of Birth, (Street and Number) corner Jefferson and Castle St
5. Full Name of Mother, Kathe Tilgehn
6. Mother's Maiden Name, = Meier
7. Mother's Birthplace, Papenburg (Germ)
8. Full Name of Father, Georg Tilgehn
9. Father's Occupation, Bartscher
10. Father's Birthplace, Germ

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11682

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 29 April
4. *Place of Birth, (Street and Number)* 803 Chearpeake St.
5. *Full Name of Mother,* Ellen Eames
6. *Mother's Maiden Name,* = Divers
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* John Eames
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Balt — Conty

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A. 11683
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	~~May~~ April 28 1893
4. *Place of Birth (Street and Number),*	1535 E. Madison St.
5. *Full Name of Mother,*	Margaret A. Lustini
6. *Mother's Maiden Name,*	" " Whitelaw
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Salvatore P. Lustini
9. *Father's Occupation,*	Civil Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDevitt
Address,	108 Aisquith St.
Remarks,	

...ferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 11,814

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 26th 89.
4. Place of Birth, (Street and Number) No 12 Reach St. Friendship Balto Md
5. Full Name of Mother, Maria Samman
6. Mother's Maiden Name. Maria Ford.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Robert Samman
9. Father's Occupation, Rough Labor
10. Father's Birthplace, Baltimore City. Md

Name of Medical Attendant, or other person who makes this Return. C. Jones M.D

Address, Waverly Balto Md.

Remarks,

Missing #A 11685 – #A 12320, incl.

Missing

12321

a. 11684 - 12321

637

Orig. Certif
11685 to 12320 incl
missing
Copied out
of Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child A 13381

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 1th 1889
4. Place of Birth, (Street and Number) 1616 Division St
5. Full Name of Mother, Mary E. Gittings
6. Mother's Maiden Name, " " Lawyer
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, William James Gittings
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street

Remarks,

HEALTH DEPARTMENT, JUN 15 1889 BALTIMORE MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the [illegible] the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for [illegible] be recovered as other fines and [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 1st 1889
4. Place of Birth (Street and Number),	510 Rose st
5. Full Name of Mother,	Margaret Lawson
6. Mother's Maiden Name,	Margaret Stackman
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Benjamin Lawson
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs R. A. Tyler (nurse) Locust
Address,	509 Port st
Remarks,	Balto City

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Blanch E. Wright

A. 12323

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d~~ &c.)

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, June 1st 11,5 P.M.
4. Place of Birth, (Street and Number) 313 S Stiles St
5. Full Name of Mother, Mary Wright
6. Mother's Maiden Name, " Bahns
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Wright
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. A. Shortzer MD

Address, 1102 E Balto St

Remarks,

JUN 3 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioners of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 **A.** 12324

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1 1889
4. *Place of Birth, (Street and Number)* 128 York ~~[illegible]~~ ~~[illegible]~~ trub
5. *Full Name of Mother,* Louisa Broome
6. *Mother's Maiden Name,* Broome
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jeremiah E Broome
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Maker 128 York

Address, Sarah E Dixon 221 Welcome alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth A. 12326

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 15 1889
4. Place of Birth (Street and Number) 304 W. Hoffman
5. Full Name of Mother Sarah Ann Davis
6. Mother's Maiden Name Sarah Ann Haines
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Thos Davis
9. Father's Occupation Sexton
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Joseph F. Smith

Address 1010 Madison Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child A. 1232

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colled Child
3. *Date of Birth,* Just of June
4. *Place of Birth (Street and Number),* 1419 May street Court
5. *Full Name of Mother,* Zuven Mitchell
6. *Mother's Maiden Name,* Zuven Brown
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Elisha Mitchell
9. *Father's Occupation,* Zaber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Zizzybeth Mundouney

Address, 424 north regester between orlans Jefferson

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 / A. 12327
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1. 1889
4. *Place of Birth, (Street and Number)*	~~Huber~~ Clement St
5. *Full Name of Mother,*	Lizzie Nuncan
6. *Mother's Maiden Name,*	Lizzie Cunningham
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mickel Nunnan
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619. Cuba
Remarks,	Balt

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 10328

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	June 1 1889.
4.	*Place of Birth, (Street and Number)*	415 N. Dallas St
5.	*Full Name of Mother,*	Ida Diggs
6.	*Mother's Maiden Name,*	" Stanley
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	Josiah Diggs
9.	*Father's Occupation,*	Waiter
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
	Address,	1605 Walker St.
	Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 9-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace ~~Elva~~ Salgee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th A 12329

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1889
4. *Place of Birth, (Street and Number)* No 36 Montgomery st
5. *Full Name of Mother,* Lizzie Salgee
6. *Mother's Maiden Name,* Lizzie Norvoll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Salgee
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrine Hoxnung

Address, No 1517 Byrd St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child A. 12,330
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 1st 1899
4. *Place of Birth, (Street and Number)*	No 1950 West Pratt Str
5. *Full Name of Mother,*	Mrs Luceida Reeder
6. *Mother's Maiden Name,*	Miss Luceida Bain
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Charles Reeder
9. *Father's Occupation,*	Cattle Broker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th A. 12331
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	mulatto
3. *Date of Birth,*	June 1, 1889
4. *Place of Birth, (Street and Number)*	934 Chesapeake St.
5. *Full Name of Mother,*	Annie Hall
6. *Mother's Maiden Name,*	Annie Reynolds
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Armstrong Hall
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mary L. Shayne
Address,	726 Lexington St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 19333
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 4, 1879
4. *Place of Birth, (Street and Number)*	232 E Essex St.
5. *Full Name of Mother,*	Lilian Foster
6. *Mother's Maiden Name,*	Lilian Skinner
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Foster
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L Draper
Address,	726 Luzerne St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female,
2. Race or Color (if not of the white race),	White,
3. Date of Birth,	June 1st 1889
4. Place of Birth (Street and Number),	1813, N Fremont St.
5. Full Name of Mother,	Mary A Wilson,
6. Mother's Maiden Name,	Mary A Bowman,
7. Mother's Birthplace,	Worcester Co Md
8. Full Name of Father,	Addison E Wilson,
9. Father's Occupation,	Common Merchant,
10. Father's Birthplace,	Worcester Co Md
Name of Medical Attendant, or other person who makes this Return.	John Pennington M.D.
Address,	804 N Gaulden Ave,
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First — A. 12334

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1/89
4. *Place of Birth, (Street and Number)* 2046 Federal Street
5. *Full Name of Mother,* Mrs Sophia Schoen
6. *Mother's Maiden Name,* Sophia Laibe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Schoen
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene (Burns)

Address, [illegible] Chester St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 12325

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, June 2nd 89

4. Place of Birth (Street and Number), 1014 E. Pleasant St.

5. Full Name of Mother, Fannie Gall

6. Mother's Maiden Name, " Stall.

7. Mother's Birthplace, Cleveland. Ohio

8. Full Name of Father, Charles Gall

9. Father's Occupation, Livery Stable Keeper.

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDade

Address, 208 Aisquith St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 2-11-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Catherine Loretta O'Keefe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 1233.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, June 2/89
4. Place of Birth (Street and Number), 1220 Ensor St.
5. Full Name of Mother, Annie M. J. O'Keefe
6. Mother's Maiden Name, " " Slattery
7. Mother's Birthplace, Ireland
8. Full Name of Father, William T. O'Keefe
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDaniel

Address, 208 Aisquith St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (16) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12337

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 2 1889
4. *Place of Birth, (Street and Number)*	3 Hanneman Ave
5. *Full Name of Mother,*	Scholastika Hoffeld
6. *Mother's Maiden Name,*	Michel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Richard Hoffeld
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller.
Address,	1605 Walker St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 1238
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 2 1889.
4. *Place of Birth, (Street and Number)*	517 West st.
5. *Full Name of Mother,*	Lizzie Harric
6. *Mother's Maiden Name,*	Fritz.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Harric.
9. *Father's Occupation,*	Glass blower.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lahrwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th **A** 12339

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2nd 1889.
4. *Place of Birth, (Street and Number)* #12 Barnett St
5. *Full Name of Mother,* Barbara Murr
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Murr
9. *Father's Occupation,* Tin + Sheetiron worker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1838 E. Monument St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. A. 12340
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white [redacted]
3. *Date of Birth,*	June 2 1889
4. *Place of Birth, (Street and Number)*	Hermans Court 1112
5. *Full Name of Mother,*	Evangelista Weigman
6. *Mother's Maiden Name,*	" Strassel
7. *Mother's Birthplace,*	Chamiers for Germany
8. *Full Name of Father,*	John Weigman
9. *Father's Occupation,*	Schoemaker
10. *Father's Birthplace,*	Tuckendorf Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Dowler
Address,	917 Schroeder St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12341

No. of Child of Mother, (~~*state whether 1st, 2d*~~, *3d,* ~~*&c.*~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~),
2. *Race or Color* (~~*if not of the*~~ *white race*),
3. *Date of Birth,* June 2nd 189.
4. *Place of Birth (Street and Number),* 312. N. Stricker St.
5. *Full Name of Mother,* Anna R. Bailey
6. *Mother's Maiden Name,* Anna R. Mundie
7. *Mother's Birthplace,* Essex Co. Va.
8. *Full Name of Father,* William H. Bailey
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Accomac Co. Va.

Name of Medical Attendant, or other person who makes this Return. John J. R. Krozer M.D.

Address, 662 W. Lexington St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 12-2412

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 2 - 89
4. *Place of Birth, (Street and Number)* 108 McBride St.
5. *Full Name of Mother,* Mary Pavlowitz
6. *Mother's Maiden Name,* Mary Pavlowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ephriam Pavlowitz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Jack Gillman M.D.

Address, 4 So Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 12343

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 2 1889
4. *Place of Birth, (Street and Number)* Wastiongton st 409
5. *Full Name of Mother,* Mary Moofid
6. *Mother's Maiden Name,* Mary ball
7. *Mother's Birthplace,* Greamen
8. *Full Name of Father,* Frank hall
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Greamen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis 205

Address, Wistongton st

Remarks,

BALTIMORE CITY
JUN 12 1889
BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 19344

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2.
4. Place of Birth, (Street and Number) Baltimore garret avenue 1346
5. Full Name of Mother, Mary Davidson
6. Mother's Maiden Name, Mary Daly
7. Mother's Birthplace, Cork
8. Full Name of Father, John Davidson
9. Father's Occupation, Fireman
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Buba St Baltimore

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. **A.** 12345

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Black.
3. *Date of Birth,* June 2
4. *Place of Birth (Street and Number),* 712 Hillen St.
5. *Full Name of Mother,* Cora Williams
6. *Mother's Maiden Name,* Cora Boulden
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Nelson Williams
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Purnell F. Sappington

Address, 309 E Biddle St.

Remarks,

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A.** 12346

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colon
3. *Date of Birth,* June 2
4. *Place of Birth, (Street and Number)* Anntown Al 5-2
5. *Full Name of Mother,* Gary Jane Wiek kins
6. *Mother's Maiden Name.* Gary [illegible]
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* A A Annonike kins
9. *Father's Occupation,* day labers
10. *Father's Birthplace,* Dant Chester Co

Name of Medical Attendant, or other Person who makes this Return.

Address, H H Smith 15 Houseldwy St

Remarks,

HEALTH DEPARTMENT JUN 2 1888 BALTIMORE CITY

[illegible] and shall enter the same on a blank [illegible] by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth [illegible] the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A.** 12347

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2nd 1889
4. *Place of Birth, (Street and Number)* 1721 E Preston St
5. *Full Name of Mother,* Lena A. Kramer
6. *Mother's Maiden Name,* " " Holtzwart
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Louis F Kramer
9. *Father's Occupation,* Engraver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam J. Bell Md

Address, 314 N Exeter St

Remarks,

HEALTH DEPARTMENT JUN 1889 BALTIMORE

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12348

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 2nd 1889
4. *Place of Birth, (Street and Number)* Saratoga & Davis
5. *Full Name of Mother,* Sophie H. Krause
6. *Mother's Maiden Name,* " " Wahaus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Krause
9. *Father's Occupation,* Gurcayman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks,

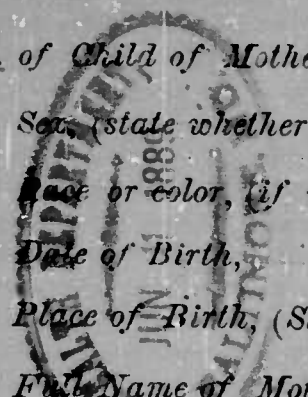
HEALTH DEPARTMENT, JUN 10 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1 child A 12379

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Color
3. Date of Birth, the 3 of June
4. Place of Birth, (Street and Number) 1230. Chi
5. Full Name of Mother, Pacchou Mary
6. Mother's Maiden Name,
7. Mother's Birthplace, Colver county
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Milley Gross.

Address, 229 york Street

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12350

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 3 of June 1889
4. *Place of Birth, (Street and Number)*	No 1212 Spring St
5. *Full Name of Mother,*	Kate Moran
6. *Mother's Maiden Name,*	Kate Geis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Moran
9. *Father's Occupation,*	Kaiser
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Cath Lauer
Address,	No 1057 Maryland Ave
Remarks,	Balto Md
	1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A. 12251

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, June 8, 1889
4. Place of Birth. (Street and Number) 236 N. Gay
5. Full Name of Mother, Fanny R. E. Heston Hopkins
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Easton Talbot Co Md
8. Full Name of Father, Jno. T. E. Heston
9. Father's Occupation, Bank Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. David Street M.D

Address, 409 N. Eden St

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12352

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 3 June
4. *Place of Birth, (Street and Number)* 227 Forrest St
5. *Full Name of Mother,* Sarah Oppenheimer
6. *Mother's Maiden Name,* " Lowenthal
7. *Mother's Birthplace,* ~~Hamon Oppenheimer~~ Europe
8. *Full Name of Father,* " " " " "
9. *Father's Occupation,* Second hand dealer
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrg

Address, 1302 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 12303
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3rd - 89
4. *Place of Birth, (Street and Number)*	1718 E Monument
5. *Full Name of Mother,*	Susie Kinnear
6. *Mother's Maiden Name,*	Susie Monks
7. *Mother's Birthplace,*	Harford Co
8. *Full Name of Father,*	Thos Kinnear
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	David V. Thayer MD
Address,	1200 N Edw. Street
Remarks,	City

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Amer

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Joseph Kines

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 12667

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 3d 1889,
4. Place of Birth, (Street and Number) 908 William St
5. Full Name of Mother, Mary Kines
6. Mother's Maiden Name, Mary Monelligan
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, George Kines
9. Father's Occupation, Carlining,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Morris MD

Address, 118 E. Franklin St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: De Witt Clinton Leonard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 12355

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3th 1889
4. Place of Birth, (Street and Number) E. Madison St No 918
5. Full Name of Mother, Margaretta Leonard
6. Mother's Maiden Name, Margaretta Metzger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Paul Leonard
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E Miller

Address, N. Dallas St No 114

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12350

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3/89
4. *Place of Birth, (Street and Number)* 820 S. Sharp St.
5. *Full Name of Mother,* Annie
6. *Mother's Maiden Name,* Freitag.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Engel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. A. Smith Med

Address, 909 S. Charles St.

Remarks, 7 mos. Twin

...during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), the sex, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 17356 1/2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3d 89
4. *Place of Birth, (Street and Number)* 820 S. Charles St.
5. *Full Name of Mother,* Annie
6. *Mother's Maiden Name,* Freitag.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Engel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. H. Smithlund

Address, 909 S. Charles St.

Remarks, Jews Twin

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 12357
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 3rd 1889
4. *Place of Birth, (Street and Number)*	623 Light St
5. *Full Name of Mother,*	Lizzie Black
6. *Mother's Maiden Name,*	Lizzie Gibbs
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Black
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H B Noble Md
Address,	201 Warren ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12345

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9 1889
4. Place of Birth, (Street and Number) Ann st 1101
5. Full Name of Mother, Mary Martinek
6. Mother's Maiden Name, Mary Neuman
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Neuman
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitus

Address, Washington 1st 1205

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12359

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 4 of June 1889
4. *Place of Birth, (Street and Number)* No 1424 Anthony St
5. *Full Name of Mother,* Anna Gaitley
6. *Mother's Maiden Name,* Anna Malane
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Micheal Gaitley
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1057 Harford Ave

Remarks, Bal Md 1889

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 12310

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4 1889
4. *Place of Birth, (Street and Number)* Jassan st 233
5. *Full Name of Mother,* yelda Jansson
6. *Mother's Maiden Name,* yelda yanos
7. *Mother's Birthplace,* Germeda
8. *Full Name of Father,* Charles yanos
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Greorgen

Name of Medical Attendant, or other person who makes this Return. Mary Baptis

Address, Mistington 205 1st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fnco A. 12361

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th June / 89
4. *Place of Birth, (Street and Number)* #821. Saratoga co Rock
5. *Full Name of Mother,* Paulena Duw
6. *Mother's Maiden Name,* Paulena Eberhardt
7. *Mother's Birthplace,* Baier Germany
8. *Full Name of Father,* G. Joseph Duw
9. *Father's Occupation,* Cigars Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan White M. N.

Address, 249 N. Schroeder St. City

Remarks, X X X

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12362

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* June 4th 1889
4. *Place of Birth (Street and Number),* ~~June 4th 1889~~ 508 S. Paca
5. *Full Name of Mother,* Mary Louisa Warfield
6. *Mother's Maiden Name,* Lemmon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Hiram Warfield
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C. Price M.D.

Address, 953 Madison Ave

Remarks,

and shall set forth as far as the same can be ascertained by the full name of such child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12363

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4, 1889
4. Place of Birth, (Street and Number) 1023 Park ave
5. Full Name of Mother, Mary Lindsay
6. Mother's Maiden Name, " Powell
7. Mother's Birthplace, Worcester Co., Md.
8. Full Name of Father, Irving Lindsay
9. Father's Occupation, Salesman
10. Father's Birthplace, Accomac Co., Va.

Name of Medical Attendant, or other Person who makes this Return. C. Edward Janney, M.D.

Address, 837 N. Eutaw St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12864

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4 1888
4. *Place of Birth, (Street and Number)* Dunkan st 117
5. *Full Name of Mother,* Francy Long
6. *Mother's Maiden Name,* Franky Loerir
7. *Mother's Birthplace,* Bohikamann
8. *Full Name of Father,* Willdenn Loerir
9. *Father's Occupation,* Lator
10. *Father's Birthplace,* Bohicamann

Name of Medical Attendant, or other person who makes this Return. Mary Koptas

Address, Visstington 1st 205

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, together with fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 12365
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 4 1889.
4. *Place of Birth, (Street and Number)*	423 Henrietta st
5. *Full Name of Mother,*	Lizzie Dainn.
6. *Mother's Maiden Name,*	Lehmann. Ehlinger.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Dainn.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser. Midwife.
Address,	1032 Hanover st
Remarks,	

HEALTH DEPARTMENT

contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, JUL 17 1889 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th A 12351
1. *Sex,* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	
3. *Date of Birth,*	June 4th 1889
4. *Place of Birth,* (*Street and Number*)	126 S. Wolfe St
5. *Full Name of Mother,*	Jennie May Preller
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John May
9. *Father's Occupation,*	Lawyman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Knowles
Address,	1829 E Pratt St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 12307
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Fourth. June.
4. *Place of Birth, (Street and Number)*	Baltimore. cross Street = 415.
5. *Full Name of Mother,*	Ida F. Lowry.
6. *Mother's Maiden Name,*	Ida F. Stanberry.
7. *Mother's Birthplace,*	Manchester.
8. *Full Name of Father,*	George W. Lowry.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs Conway
Address,	
Remarks,	

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12268

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 4 1889
4. *Place of Birth, (Street and Number)*	98 Albemarle St.
5. *Full Name of Mother,*	Jennie Gaulin
6. *Mother's Maiden Name,*	" Shumann.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Gaulin
9. *Father's Occupation,*	Box Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walbur St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12369

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5th 1889
4. Place of Birth, (Street and Number) 762 Mulberry St
5. Full Name of Mother, Louise Jacob
6. Mother's Maiden Name, Louise Anrhein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. F. Jacob
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maennel Midwife

Address, 923 Penna Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male — D 12370
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of June
4. Place of Birth, (Street and Number) 322 Bartlett St Balto,
5. Full Name of Mother, Barbara Frantz
6. Mother's Maiden Name, Barbara Weaver
7. Mother's Birthplace, Germany Amersbach
8. Full Name of Father, Philip Frantz
9. Father's Occupation, Sheet Iron Straighter
10. Father's Birthplace, Germany Nausess

Name of Medical Attendant, or other person who makes this Return. Mrs. Dumler

Address, 219 Schroeder St.

Remarks,

JUN 13 1900 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. **A** 12371

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th. 1889
4. *Place of Birth, (Street and Number)* No 816 Jackson court.
5. *Full Name of Mother,* Mrs. Clara Booker
6. *Mother's Maiden Name,* Clara Regler.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Jos. J. Booker.
9. *Father's Occupation,* Paver.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

HEALTH DEPARTMENT

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12372

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 5th 1889
4. Place of Birth (Street and Number),	410 E. Hill ave.
5. Full Name of Mother,	Kate Fay
6. Mother's Maiden Name,	Kate Rouse
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Charles Fay
9. Father's Occupation,	Dentist
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	R. M. Hall
Address,	1019 E. Hill ave.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) 1645 E. Fayette St.
5. Full Name of Mother, Anna Aitzl
6. Mother's Maiden Name, Anna Stochke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Aitzl
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

JUN 12 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health on the [illegible] following the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third A. 12374

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 5th 1889
4. Place of Birth (Street and Number), 326 Bloomingdale (Calverton) Avenue
5. Full Name of Mother, Elizabeth Clow Gardner
6. Mother's Maiden Name, " " Tschudi
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, W. Emory Gardner
9. Father's Occupation, Cashier Franklin Bank
10. Father's Birthplace, Carroll County Maryland

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 212 W. Franklin St

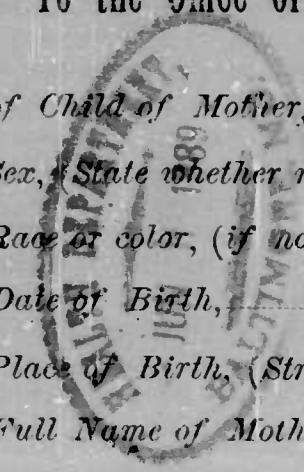
Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd " A. 12.375

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 5, 89
4. *Place of Birth, (Street and Number)* 20 Albemarle St
5. *Full Name of Mother,* Rachel Beotkin
6. *Mother's Maiden Name,* " Pan[illegible]kie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Beotkin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. G. E. [illegible] M.D.

Address, Pratt & Stricker Sts.

Remarks,

HEALTH DEPARTMENT, JUN 1 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 12370
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 5/89
4. Place of Birth (Street and Number),	1447 Hull st. L.Pl. city
5. Full Name of Mother,	Rosa Hathaway
6. Mother's Maiden Name,	" Walstrum
7. Mother's Birthplace,	Bald. city
8. Full Name of Father,	Warren Hathaway
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Bald.
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D.
Address,	129 S Broadway
Remarks,	

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12377

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White Race.
3. *Date of Birth,*	June. 5/89.
4. *Place of Birth, (Street and Number)*	No. 1712 Hanover St.
5. *Full Name of Mother,*	Alice Higgiston.
6. *Mother's Maiden Name,*	" Colston.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Higgiston.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Jones.
Address,	1714 Eight St.
Remarks,	Yours Eternally.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12378

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5. 1889
4. *Place of Birth, (Street and Number)*	1 Hull St
5. *Full Name of Mother,*	Annie Jeffers
6. *Mother's Maiden Name,*	Annie Coalman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Jeffers
9. *Father's Occupation,*	Labear
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Balt.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12379

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 5 89
4. *Place of Birth, (Street and Number)* 1134 E. Pratt
5. *Full Name of Mother,* Mena Jacobson
6. *Mother's Maiden Name,* Mena Klawanski
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Jacobson
9. *Father's Occupation,* Shirt Cutter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Frank G. Moyer M.D.

Address, 4 So Exeter St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 12380

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6 1889
4. *Place of Birth, (Street and Number)* sespe st 1619
5. *Full Name of Mother,* Mary duers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* pol's
8. *Full Name of Father,* Joshp duers
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* pol's

Name of Medical Attendant, or other person who makes this Return. Mary Kopeti's

Address, Nistinsgton st 205

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh E. 12381
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 6th 1889
4. Place of Birth (Street and Number),	1317 Covington st
5. Full Name of Mother,	Jane Maguire
6. Mother's Maiden Name,	J. Williams
7. Mother's Birthplace,	Calvert Co. Md.
8. Full Name of Father,	Edward Maguire
9. Father's Occupation,	ex Police Officer
10. Father's Birthplace,	Dorchester Co. Md
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cotthell
Address,	606 Hanover st.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 12382
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 6, 1889
4. *Place of Birth, (Street and Number)*	721 Rowe St.
5. *Full Name of Mother,*	Laura Virginia Adams
6. *Mother's Maiden Name,*	Laura Virginia Webb
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thomas Adams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anne Arundel Co.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Snapp
Address,	726 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12383

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the first Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colour Child
3. Date of Birth,	June the 6
4. Place of Birth, (Street and Number)	Cross Alley 521
5. Full Name of Mother,	Mary E Browns
6. Mother's Maiden Name,	
7. Mother's Birthplace,	west River Md
8. Full Name of Father,	milland Avery
9. Father's Occupation,	Coachmon
10. Father's Birthplace,	Easten Shore Md
Name of Medical Attendant, or other person who makes this Return.	Lester Cook
Address,	No 1008 Sheles Alley
Remarks,	

HEALTH DEPARTMENT, BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child A 12384

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 6th 6 15 A.M. 1889
4. *Place of Birth, (Street and Number)* 616 N Caroline St
5. *Full Name of Mother,* Susan Ellen Wallace
6. *Mother's Maiden Name,* S. E. Lecomte
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Burton Wallace
9. *Father's Occupation,* Hunter
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other person who makes this Return. James E Dunville M.D.

Address, 1701 E Baltimore St.

Remarks,

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, or other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 12385

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 6 o'clock PM June 6th 1889
4. Place of Birth, (Street and Number) 3302 O'Donnell St - "on the border"
5. Full Name of Mother Anna Knight
6. Mother's Maiden Name Anna Dolan
7. Mother's Birthplace Baltimore
8. Full Name of Father John Knight
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Pritchard MD

Address 1010 Chesapeake St

Remarks Hard Labor Delivered with Forceps. The cord was twined three times around the neck Both are now doing well

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child A. 12386
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 6 1889.
4. Place of Birth, (Street and Number)	1121 William st
5. Full Name of Mother,	Anna Loessel.
6. Mother's Maiden Name,	Schroeder.
7. Mother's Birthplace,	America.
8. Full Name of Father,	John Loessel.
9. Father's Occupation,	Printer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12387

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 6th 1889
4. *Place of Birth (Street and Number)* 1616 Joppa Road
5. *Full Name of Mother* Mary E Purnell
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Montgomery Co Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. City Physician

Address 1616 Joppa Road

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. A. 12388

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 6 1889
4. *Place of Birth (Street and Number),* 734 Light St.
5. *Full Name of Mother,* Ella Mitchell
6. *Mother's Maiden Name,* Craige
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Mitchell
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Smithwright

Address, 13 E. Montgomery St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12389

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6th June at ½ past one P.M.
4. Place of Birth (Street and Number) 1215 Saratoga St.
5. Full Name of Mother Clara M. Shubkagel
6. Mother's Maiden Name Clara Buel
7. Mother's Birthplace Baltimore County
8. Full Name of Father Wm. H. Shubkagel
9. Father's Occupation Butter dealer
10. Father's Birthplace Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address 908 West Fayette Street

Remarks a fine child, 10½th at birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 11 1889 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child A. 2390
1. *Sex, (state whether male or female)*	Little Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born 7th June 1889
4. *Place of Birth, (Street and Number)*	No 32 Garrison Lane
5. *Full Name of Mother,*	Mrs Franklin
6. *Mother's Maiden Name,*	Miss Baner
7. *Mother's Birthplace,*	Bayer Germany
8. *Full Name of Father,*	Mr Franklin
9. *Father's Occupation,*	Beer Salon
10. *Father's Birthplace,*	Baden Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th **A** 12391

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 7th 1889
4. *Place of Birth, (Street and Number)* 226 Harrison St
5. *Full Name of Mother,* Etta Margolies
6. *Mother's Maiden Name,* Etta Margolies
7. *Mother's Birthplace* Russia
8. *Full Name of Father,* Solomon Margolies
9. *Father's Occupation,* Clothing dealer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12392

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) 428 Burgundy Alley
5. Full Name of Mother,
6. Mother's Maiden Name, Jessetter Harden
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Grafton Walker
9. Father's Occupation, Laborer
10. Father's Birthplace, Dont Know

Name of Medical Attendant, or other person who makes this Return. Gertrude M Chase

Address, 614 Dover st

Remarks,

DEPARTMENT OF HEALTH BALTIMORE JUN 14 1889

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the matter, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child **A.** 12393

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th 1889
4. Place of Birth, (Street and Number) 643 Pierd St.
5. Full Name of Mother, Rachel Pearson
6. Mother's Maiden Name, Summers
7. Mother's Birthplace, Talbotts County
8. Full Name of Father, George Pearson
9. Father's Occupation, Waggoner
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Hester Coto ce

Address, 509 W. Preston St.

Remarks,

HEALTH DEPARTMENT JUN 15 1889 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Josephine Toner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh A 12394

1. Sex, (State whether ~~male~~ or female)
2. Race or color, (if not of the white race) white
3. Date of Birth, June 7th 1889
4. Place of Birth, (Street and Number) 2618 - St Paul St
5. Full Name of Mother, Mary Doner
6. Mother's Maiden Name, " Doman
7. Mother's Birthplace, Boston
8. Full Name of Father, Wm H. Doner
9. Father's Occupation, Coach maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. H. Grimes M.D.

Address, 2100 - Mt Ave

Remarks, GIVEN NAME ADDED 10-15-53

L. M.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 15 1889 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A 12395
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 7 — 1889.
4. *Place of Birth, (Street and Number)*	402 Cross st.
5. *Full Name of Mother,*	Matilde Wiedeck
6. *Mother's Maiden Name,*	Mielke.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Wiedeck.
9. *Father's Occupation,*	Bakery.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 12396

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th, 1889
4. Place of Birth, (Street and Number) 903 e 33 ay d. st.
5. Full Name of Mother, Lissie Hackman
6. Mother's Maiden Name, Westerchause
7. Mother's Birthplace, Osinbrick Germany
8. Full Name of Father, John Hackman
9. Father's Occupation, Labor
10. Father's Birthplace, Oldinburg Germany

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N° Poppelton St.

Remarks,

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12397

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* June 7th 1889
4. *Place of Birth (Street and Number),* 1037 Argyle Ave
5. *Full Name of Mother,* Mollie Workman
6. *Mother's Maiden Name,* Kehl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Carlos Workman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C. Price M. D.

Address, 953 Madison Ave

Remarks,

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures as are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12398

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June th 7=1885
4. *Place of Birth, (Street and Number)*	# 924 Binnie st
5. *Full Name of Mother,*	Sarah Ellen Gandin
6. *Mother's Maiden Name,*	Pritchard
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel J Gandin
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah J Hampton
Address,	N 924 Binnie st
Remarks,	

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. **A.** 12399

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* Brown Skin.
3. *Date of Birth* Friday 7th. 1889
4. *Place of Birth, (Street and Number)* 709 Little Monument St.
5. *Full Name of Mother,* Rosa Brooks.
6. *Mother's Maiden Name,* Rosa Young.
7. *Mother's Birthplace,* Calvert County.
8. *Full Name of Father,* Samuel Brooks.
9. *Father's Occupation,* Barber.
10. *Father's Birthplace,* Easton Shore Maryland.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Jasper St.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12400

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth* June 7th 1879
4. *Place of Birth*, (*Street and Number*) 148 E Balt St Md
5. *Full Name of Mother*, Virginia Lee Dawson
6. *Mother's Maiden Name*, Simpson
7. *Mother's Birthplace*, Balt City Md
8. *Full Name of Father*, Wellington S Dawson
9. *Father's Occupation*, Express Messenger on B & O
10. *Father's Birthplace*, Balt Md

Name of Medical Attendant, or other Person who makes this Return. Md Dawson

Address, 225 S Conn St

Remarks, Mother & Babe doing Well

HEALTH DEPARTMENT BALTIMORE CITY

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of said wiffery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12405

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Wofl 205
4. Place of Birth, (Street and Number) June 7 1884
5. Full Name of Mother, Mary Bauer
6. Mother's Maiden Name, Mary Mench
7. Mother's Birthplace, Bremen
8. Full Name of Father, John Mench
9. Father's Occupation, driver
10. Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Wartinton 205

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 12402

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* June 7 1889
4. *Place of Birth (Street and Number),* 110 Warner St
5. *Full Name of Mother,* Dealla Thomas
6. *Mother's Maiden Name,* Dealla Stanford
7. *Mother's Birthplace,* Caroline co. Md.
8. *Full Name of Father,* John Thomas
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Caroline co. Md.

Name of Medical Attendant, or other person who makes this Return. Scharlottie Williams

Address, 607 S. Howard St

Remarks, #5

JUN 24 1889

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 8-16-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Scroggs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. A 124103

1. *Sex, (state whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* June 7, 1889.
4. *Place of Birth, (Street and Number)* No. 1411 Harford ave
5. *Full Name of Mother,* Emma Scroggs.
6. *Mother's Maiden Name,* Emma Fowler.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* William Scroggs.
9. *Father's Occupation,* Worker.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Eug. A. Elwell, M.D.

Address, 1241 Harford ave.

Remarks,

mouth, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Helen Stewart Funk

BIRTH DEPARTMENT, JUN 11 1889 BALTIMORE, MD.

A. 12404

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8. 1889
4. *Place of Birth, (Street and Number)*	1303 N. Mount St.
5. *Full Name of Mother,*	Helen Funk
6. *Mother's Maiden Name,*	" Stewart
7. *Mother's Birthplace,*	Balt. City.
8. *Full Name of Father,*	Jacob D. Funk
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Alfred Wanstore M.D.
Address,	818 N Eutaw St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Ida A. 12405

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8th 89
4. *Place of Birth, (Street and Number)* 514 514 Pearl St
5. *Full Name of Mother,* Bertha Lemner
6. *Mother's Maiden Name,* " Shmulevitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Lemner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, Albemarle St N 103.

Remarks,

HEALTH DEPARTMENT

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 3 A. 12106

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Color
3. Date of Birth, June 9th, 1889.
4. Place of Birth (Street and Number), 212 S. Bethel st
5. Full Name of Mother, Ella Waters
6. Mother's Maiden Name, Ella Lease
7. Mother's Birthplace, Cambridge
8. Full Name of Father, Charles F Waters
9. Father's Occupation, Hard- Laborer
10. Father's Birthplace, Harford County

Name of Medical Attendant, or other person who makes this Return. Elizabeth Treadaway

Address, 424 north Register st between Orleans & Jefferson

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12407

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8. 1889
4. *Place of Birth, (Street and Number)* 1837 N. Chester Street
5. *Full Name of Mother,* Mamie Emig
6. *Mother's Maiden Name,* Mamie Weinkamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Emig
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. T. Martenet

Address, 1429 N. Gay Street

Remarks,

JUN 10 1889 BALTIMORE, MD.

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as the fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child A. 12408

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1889
4. Place of Birth, (Street and Number) N. Dallas St No 925
5. Full Name of Mother, Henriette Plitt
6. Mother's Maiden Name, Henriette Engert
7. Mother's Birthplace, Dillenburg - Russia - Germany
8. Full Name of Father, Otto G. Plitt
9. Father's Occupation, Tanner
10. Father's Birthplace, Biedenkopf. Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mary [redacted] Miller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 12449
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	June 8. 1889.
4. *Place of Birth, (Street and Number)*	827 N. Arlington Ave,
5. *Full Name of Mother,*	Clara J. Griffith,
6. *Mother's Maiden Name,*	Grubbs,
7. *Mother's Birthplace,*	West Point, N.Y.
8. *Full Name of Father,*	Chas. C. Griffith,
9. *Father's Occupation,*	Clergyman,
10. *Father's Birthplace,*	Virginia,
Name of Medical Attendant, or other person who makes this Return.	J. L. Engle M.D.
Address,	1007 W. Lanvale St.
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child A. 12/11

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 8. 1884
4. *Place of Birth (Street and Number),* 1210 N. Caroline st
5. *Full Name of Mother,* Pauline Meyers
6. *Mother's Maiden Name,* Pauline Rubinstein
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Joseph Meyers
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return. Wm. Wolf

Address, 658 W. Fremont st

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be collected as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 12411
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8th
4. *Place of Birth, (Street and Number)*	160 S. Bond St.
5. *Full Name of Mother,*	Sarah Hammon
6. *Mother's Maiden Name,*	Sarah Martin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Hammon
9. *Father's Occupation,*	Canmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ulricke Goetzke
Address,	114 S. Bond St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child A12412

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 June 1889
4. *Place of Birth, (Street and Number)* Baltimore Md 343 Woodyard
5. *Full Name of Mother,* Anna Liejeski
6. *Mother's Maiden Name,* Anna Gohlak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Liejeski
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kranning

Address, 414 S. Stricker St Baltimore Md

Remarks, Mother and child are doing well

HEALTH DEPARTMENT JUN 13 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child A 12413

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, 9th of June 1889
4. Place of Birth, (Street and Number) 1900 Cor. Mecalbry & Wolf street.
5. Full Name of Mother, Josephine Weigert.
6. Mother's Maiden Name, Josephine Riese
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdenant Riez
9. Father's Occupation, Watchman.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel.

Remarks, Healthy

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Registrar of each district, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child 2414
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 9th June 1889
4. *Place of Birth, (Street and Number)*	No 309 Brune st
5. *Full Name of Mother,*	Mrs Fennmann
6. *Mother's Maiden Name,*	Miss Kate Eigengner
7. *Mother's Birthplace,*	Wertenberg Germany
8. *Full Name of Father,*	Mr Fennmann
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first — A. 12415

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* June 9th 1889
4. *Place of Birth, (Street and Number)* 505 Hargrove. Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lucy Jenkins.
7. *Mother's Birthplace,* Richond Va
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave.

Remarks, Father unknown

J. D. DUGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A 13416
1. *Sex, (state whether male or female)*	Little Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	9th June 1889
4. *Place of Birth, (Street and Number)*	No. 339 Monroe
5. *Full Name of Mother,*	Mrs Kirbey
6. *Mother's Maiden Name,*	Miss Bowen
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr Geo Kirby
9. *Father's Occupation,*	Bot Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Keiller
Address,	2127 West Pratt Str
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Abram A 12417

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 9th 89
4. *Place of Birth, (Street and Number)* 620 E. Balto St
5. *Full Name of Mother,* Dora Adler
6. *Mother's Maiden Name,* " Millhalter
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Adler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One child A. 12418
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	June 9 1889
4. *Place of Birth, (Street and Number)*	813 Bethel St
5. *Full Name of Mother,*	Belle Tillmon
6. *Mother's Maiden Name.*	Belle Washington
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	F A Tillmon
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return.	Lucinda Woodard
Address,	432 N Regester
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 17 1889

A 12419

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, June 9th 1889
5. Place of Birth, (Street and Number) Hobart Street No. 1040.
6. Full Name of Mother, Annie McCarthy
7. Mother's Maiden Name, Annie Kerr
8. Mother's Birthplace, Ireland
9. Full Name of Father, Peter McCarthy
10. Father's Birthplace, Saloon Keeper
11. Name of Medical Attendant, or other person who makes this Return. Mrs Ettl
12. Address, 1619 Eutaw St
13. Remarks,

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD.

A 12420

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, June ~~#~~ 9th 1889
4. Place of Birth, (Street and Number) 814 N. Sun St
5. Full Name of Mother, Mrs. Laura Spillman Cropper Poutier
6. Mother's Maiden Name, Mrs " " Cropper
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Teackle Wallis Poutier
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rush Mrs.

Address, 2000 E. Balt. St

Remarks, ~~Natural~~ Forceps Delivery

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, the 9 of June
4. Place of Birth, (Street and Number) Lilly Pine st #916
5. Full Name of Mother, Mollie Gant
6. Mother's Maiden Name, Mollie Gant
7. Mother's Birthplace, Princegeorge County
8. Full Name of Father, Joby Gant
9. Father's Occupation, A sailor
10. Father's Birthplace, West suriver

Name of Medical Attendant, or other person who makes this Return. Celester Cook

Address, # 1008 Sheals alley

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child A 12422

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th of June 1889
4. *Place of Birth, (Street and Number)* Baltimore Md 1537 Cod
5. *Full Name of Mother,* Katie Swets
6. *Mother's Maiden Name,* Katie Lewisky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Swets
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kraning

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and child are doing well

HEALTH DEPARTMENT JUN 13 1889

Register in such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1889 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 12423
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 9, 1889
4. *Place of Birth, (Street and Number)*	2432 Alice Anna St
5. *Full Name of Mother,*	Elizabeth Hamel
6. *Mother's Maiden Name,*	Elizabeth Fleischman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Hamel
9. *Father's Occupation,*	Can-maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 124314

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th " 1888

4. Place of Birth, (Street and Number) 1015 Green Mount Ave

5. Full Name of Mother, Mary N. Gordon

6. Mother's Maiden Name, Mary N. Rogers

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles F. Gordon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return P. G. Watson

Address, 1301 N. Central Ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12425

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 6 of June 1889

4. Place of Birth, (Street and Number) No 89 Fremont Ave

5. Full Name of Mother, Louise H. Petri

6. Mother's Maiden Name; Louise H. Petersen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew L. Petri

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany ~~Baltimore~~

Name of Medical Attendant, or other person who makes this Return. Mrs C. H. Lauer

Address, No 1054 Maryland Ave

Remarks, Bal Md 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her case during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 17426

1. *Sex, (state whether male or female)* ~~male~~ female

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* June 9th 1889

4. *Place of Birth, (Street and Number)* 4 N. Lanvale

5. *Full Name of Mother,* Nellie Mason

6. *Mother's Maiden Name,* Nellie Wilson

7. *Mother's Birthplace,* St Mary's Co. Md

8. *Full Name of Father,* Jas. Mason

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* St Mary's Md

Name of Medical Attendant, or other person who makes this Return. Thos. S. Latimer M.D.

Address, 1213 Eutaw Place

Remarks, Premature (8th mo.?)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been stillborn, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 tes A. 12427
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th of Juny 1889.
4. Place of Birth (Street and Number),	2033. Orleans Str.
5. Full Name of Mother,	Marie Reitzer
6. Mother's Maiden Name,	Marie Wahnsin
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henri Reitzer
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hille Midwife
Address,	207. N. Castle. Str.
Remarks,	

RECEIVED BIRTH JUN 10 18 REGISTRAR

The Baltimore Publishing Co., City Print. and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12422

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4th.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* June 9th, 1889.
4. *Place of Birth* (Street and Number) 24 No 71 Bures St.
5. *Full Name of Mother* Annie Dolan.
6. *Mother's Maiden Name* Annie Lanyan.
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Daniel Dolan.
9. *Father's Occupation* Labrer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Teackle M.D.

Address 702 Park ave.

Remarks Natural Labor. 6 Lones

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 12429
1. Sex (state whether male or female),	~~White~~ Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th June 1889
4. Place of Birth (Street and Number),	1317 Hanover st.
5. Full Name of Mother,	K T Mariner
6. Mother's Maiden Name,	K T Jennings
7. Mother's Birthplace,	Edenton N Carolina
8. Full Name of Father,	Winfield S Mariner
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Somerset Co Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	616 Hanover st
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12430

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* (243 Arlington Ave
4. *Place of Birth, (Street and Number)* 9 the of Juni 1889
5. *Full Name of Mother,* Agnes Gonce
6. *Mother's Maiden Name,* – Hein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Gonce
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel

Address, 923 Penna Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child A 12431

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Born on the 10 of June
4. Place of Birth (Street and Number) 116 Clifton Place
5. Full Name of Mother, Harriet Williams
6. Mother's Maiden Name, Harriet Cook
7. Mother's Birthplace, Harford County
8. Full Name of Father, James Williams
9. Father's Occupation, Junk Dealer
10. Father's Birthplace, West minister

Name of Medical Attendant, or other person who makes this Return. mrs Charity James

Address, 1001 Mulberry st

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A 1/1/22
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	June 10th 1889
4. *Place of Birth (Street and Number),*	926 William st
5. *Full Name of Mother,*	Annie E Fisher
6. *Mother's Maiden Name,*	Annie E Gardner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James D Fisher
9. *Father's Occupation,*	Caulker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	606 Hanover st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 12433

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10 1889
4. Place of Birth, (Street and Number) Washington st 1118
5. Full Name of Mother, Rosa Sullum
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Sie Sullum
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 205

Remarks,

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12434

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 10 1889
4. *Place of Birth, (Street and Number)* Washington st 15
5. *Full Name of Mother,* Annie Bittrich
6. *Mother's Maiden Name,* Annie Bauer
7. *Mother's Birthplace,* Giermen
8. *Full Name of Father,* Jhon Bauer
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Giermen

Name of Medical Attendant, or other person who makes this Return. Mary Shoptis

Address, Washington st 215

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 12435

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 10/89
4. *Place of Birth (Street and Number),* 414 Colvin St.
5. *Full Name of Mother,* Mary E. Mullin
6. *Mother's Maiden Name,* " " Quinn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas J. Mullin
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisquith St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 12431

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* 10
4. *Place of Birth, (Street and Number)* 1014 Strling
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annia Chase
7. *Mother's Birthplace,* Cent Mary Co MD
8. *Full Name of Father,* Alfort Tayler
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Co MD

Name of Medical Attendant, or other person who makes this Return.

Address, H H Smith 1516 McElderry St

Remarks,

HEALTH DEPARTMENT JUN 17 1888 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Harry A 12437

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10th 1889
4. *Place of Birth, (Street and Number)* 26 Albermarle St
5. *Full Name of Mother,* Mammie Kellum
6. *Mother's Maiden Name,* " Griffo
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John J. Kellum
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Portsmouth, Va.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-18-57

RETURN OF A ~~BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Butterworth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 12438

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10th 1889
4. Place of Birth, (Street and Number) Ontario Hall N. Howard Street
5. Full Name of Mother, Julia Butterworth
6. Mother's Maiden Name, Julia Philips
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Butterworth
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12439

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 10th
4. *Place of Birth (Street and Number),* 1821 Jefferson St
5. *Full Name of Mother,* Carrie V Staylor
6. *Mother's Maiden Name,* Carrie V Thorp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry M Staylor
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1718 Chester St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 12440

1. Sex, (state whether male or female) Male WILLIAM THOMAS DIXON
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th
4. Place of Birth, (Street and Number) 230 S. Caroline St
5. Full Name of Mother, Fannie Dixon
6. Mother's Maiden Name, Fannie Thomas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cuson Dixon
9. Father's Occupation, Watchman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child D 1441

1. *Sex, (state whether male ~~or female~~)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th 1889
4. *Place of Birth, (Street and Number)* N. Caroline No 31
5. *Full Name of Mother,* Lizzie Bety
6. *Mother's Maiden Name,* Lizzie Hildebrandt
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob Bety
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, N. Dallas St No 114

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th Child A 12442

1. *Sex,* (*state whether* ~~male or~~ *female*) .....
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 14th 1889
4. *Place of Birth,* (*Street and Number*) S. Spring No 322
5. *Full Name of Mother,* Caroline Lonegan
6. *Mother's Maiden Name,* Carolina Geis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Lonegan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Müller

Address, N. Dallas St No 114

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. A. 12443

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 10 1889.
4. Place of Birth, (Street and Number) 16 N. Vincent alley.
5. Full Name of Mother, Eliza Kellen
6. Mother's Maiden Name, Eliza Fisher
7. Mother's Birthplace, West River Md
8. Full Name of Father, Jno. Kellen.
9. Father's Occupation, Laborer
10. Father's Birthplace, Essex Co. Va

Name of Medical Attendant, or other person who makes this Return. Geo. W. Slater M.D.

Address, 1637 W. Layatta street. Balt.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 10 June 1887
4. *Place of Birth, (Street and Number)* No 1724 Barnes
5. *Full Name of Mother,* Caroline Coucher
6. *Mother's Maiden Name,* Caroline Lederer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Coucher
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Hartford Ave

Remarks, Bal Md 1887

JUN 11 1889 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One. Birth A. 12445

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* Colored.
3. *Date of Birth,* Born June the Tenth.
4. *Place of Birth, (Street and Number)* Baltimore city Orchard St 536
5. *Full Name of Mother,* Dora Smith.
6. *Mother's Maiden Name,* Dora Washington.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Smith.
9. *Father's Occupation,* Porter.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Annie Mc Brown.

Address, 936 Druit Hill Ave

Remarks, Mother and Baby getting along nicely

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12415

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored race
3. *Date of Birth,*	10 of June
4. *Place of Birth, (Street and Number)*	Baltimore Chestnut No 113
5. *Full Name of Mother,*	Marry Dickson
6. *Mother's Maiden Name,*	Mary Young
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjuman Young
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Eastern shore Maryland
Name of Medical Attendant, or other person who makes this Return.	Darkey Hanlin
Address,	No 103 chestnut street
Remarks,	

HEALTH DEPARTMENT JUN 12 1880 BALTIMORE

Registrars of births and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12447

HEALTH DEPARTMENT, JUN 13 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 10, 1889
4. *Place of Birth, (Street and Number)*	702 Luzerne St
5. *Full Name of Mother,*	Kate Seifert
6. *Mother's Maiden Name,*	Kate Stein
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	August Seifert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St
Remarks,	

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

A. 12448

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10 th 1889
4. Place of Birth, (Street and Number) Meaden choice lane Carroll
5. Full Name of Mother, Sarah K Drenner
6. Mother's Maiden Name, Cornthwaite
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Otto W Drenner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Washington County

Name of Medical Attendant, or other person who makes this Return. Mrs P Dumas

Address, No 1927 W Lombard St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12449

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 11 1887
4. *Place of Birth, (Street and Number)*	106 Dugan's Wharf
5. *Full Name of Mother,*	Elizabeth Julbricht
6. *Mother's Maiden Name,*	Klein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Julbricht
9. *Father's Occupation,*	Saloon Kepper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

BOARD OF HEALTH DEPARTMENT JUN 16 1887 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred [illegible] his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d A 12450

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 11 1889
4. *Place of Birth, (Street and Number)* 739 Dolphin St
5. *Full Name of Mother,* Ida A. Masterman
6. *Mother's Maiden Name,* Ida Amos
7. *Mother's Birthplace,* B. City
8. *Full Name of Father,* Theodore Masterman
9. *Father's Occupation,* Book-keeper
10. *Father's Birthplace,* B. City

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill MD

Address, 807 Arlington ave

Remarks,

HEALTH DEPARTMENT, JUN 17 1889 BALTIMORE, MD.

[illegible] be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12451

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 11.th
4. Place of Birth, (Street and Number) # 931. Forest st.
5. Full Name of Mother, Bernhardine Knöchel
6. Mother's Maiden Name, Bernhardine Gendreizig
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Conrad Knöchel
9. Father's Occupation, Designer and Wood Carver
10. Father's Birthplace, Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, # 936 Greenmount av

Remarks,

Every Person in charge of Superintendence of a Birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A 12157

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), Negro.
3. Date of Birth, 3.30 P.M., June 11th., 1889.
4. Place of Birth (Street and Number), 1021 Stockton St.
5. Full Name of Mother, Rosa Gordon.
6. Mother's Maiden Name, Collins.
7. Mother's Birthplace, Northampton County, Virginia.
8. Full Name of Father, Samuel Jeremiah Gordon.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Harford Co., Md.

Name of Medical Attendant, or other person who makes this Return. Eugene L. Crutchfield, M.D.

Address, 921 N. Carrollton Ave.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12463

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 1919
4. *Place of Birth, (Street and Number)*	1819½ Caroline
5. *Full Name of Mother,*	Lily May ~~Streeter~~ Silverwood
6. *Mother's Maiden Name,*	Sheeler
7. *Mother's Birthplace,*	Balti.
8. *Full Name of Father,*	Wesley L. Silverwood
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Balti.
Name of Medical Attendant, or other person who makes this Return.	David Stuart MD
Address,	403 N. Eutaw
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12451

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 11 of June 1889
4. *Place of Birth, (Street and Number)* No 1414 Anthony St
5. *Full Name of Mother,* Barbara Neubauer
6. *Mother's Maiden Name,* Barbara ~~Kaus~~ Kaus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Neubauer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lucier

Address, No 1039 Harford Ave

Remarks, Bal Md 1889

HEALTH DEPARTMENT JUN 13 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-6-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: John Harry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child 12/55
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 11 — 1889.
4. Place of Birth, (Street and Number)	1014 James Alley.
5. Full Name of Mother,	Mary Roemer.
6. Mother's Maiden Name,	Noll.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Henry Roemer.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 12455

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, June 11th 1889
4. Place of Birth, (Street and Number) 125 E. Hamilton St
5. Full Name of Mother, Lavinie Hill
6. Mother's Maiden Name, Slaughter
7. Mother's Birthplace, Oxford Maryland
8. Full Name of Father, William J Hill
9. Father's Occupation, Waiter
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1245

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 11 of June 1889
4. *Place of Birth, (Street and Number)* No 1023 Ensor St
5. *Full Name of Mother,* Annie Fraunholz
6. *Mother's Maiden Name,* Annie Hullivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fraunholz
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Dr. Lauer

Address, No 1039 Hartford Ave

Remarks, Balto Maryland 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A. 10458

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th of June 1889

4. Place of Birth, (Street and Number) 405 N. Fremont Ave.

5. Full Name of Mother, Ella McLaughlin

6. Mother's Maiden Name, Ella Coulter

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Chas. McLaughlin

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 E Preston

Remarks,

BALTIMORE CITY BOARD OF HEALTH

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12159

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th.
4. *Place of Birth, (Street and Number)* 1616 Mulberry.
5. *Full Name of Mother,* Mary R Artemis
6. *Mother's Maiden Name,* " " Reilly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Artemis
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. Thomas F Kinsley M.D.

Address, 1401 N Fayette

Remarks,

under whose charge or Superintendence a birth shall happen [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 134 [illegible]

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 11th
4. *Place of Birth, (Street and Number)* 306 Bartlett st.
5. *Full Name of Mother,* Katherine Fischer
6. *Mother's Maiden Name,* " Schlauch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Fischer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohm

Address, 418 S. Paca st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12461

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Fannie

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 11th 89
4. *Place of Birth, (Street and Number)* 28 Harrison St
5. *Full Name of Mother,* Binnah Goldberg
6. *Mother's Maiden Name,* " Hugolück
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Goldberg
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY JUN 22 1889 BOARD OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh. A 1346
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 11th 1879
4. Place of Birth (Street and Number),	#1087 Wallbank st
5. Full Name of Mother,	Julia T. Blair
6. Mother's Maiden Name,	Julia T Mattingley
7. Mother's Birthplace,	St Marys Co Md
8. Full Name of Father,	Jeremiah B Blair
9. Father's Occupation,	Policeman
10. Father's Birthplace,	St Marys Co Md.
Name of Medical Attendant, or other person who makes this Return.	Chas M A Cottrell
Address,	606 Monroe st.
Remarks,	

This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth 63 A. 12/1/63

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th 1889.
4. Place of Birth, (Street and Number) # 35 S. Dewberry alley Baltimore (Md.
5. Full Name of Mother, Annie B. Cline
6. Mother's Maiden Name, Annie B. Yingling
7. Mother's Birthplace, New Windsor Carroll Co, Md.
8. Full Name of Father, Eli Cline
9. Father's Occupation, Molder
10. Father's Birthplace, Elk Ridge Landing

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter, Midwife

Address, 23 N Poppelton St

Remarks,

BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 124644

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 89
4. Place of Birth (Street and Number)	John St near Lanvale
5. Full Name of Mother	Sarah Ann Sadler
6. Mother's Maiden Name	Sarah Ann Vaeth
7. Mother's Birthplace	Maryland
8. Full Name of Father	J C Sadler
9. Father's Occupation	Civil Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Edmund R Walker M D
Address	1703 N. Charles St
Remarks	L.O.a

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. **A.** 12466

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th. 1889.
4. *Place of Birth, (Street and Number)* 1004 N. Stricker
5. *Full Name of Mother,* Alice V. Butterfield
6. *Mother's Maiden Name,* Phillips
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* David G. Butterfield
9. *Father's Occupation,* School Teacher
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. J. A. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

[illegible] whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 13466

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 12th of June 1889
4. *Place of Birth, (Street and Number)* 1935 Cor. Fayette & Washington St.
5. *Full Name of Mother,* Emelia Brickman
6. *Mother's Maiden Name,* Emilea Kuhmlehn.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Kumlehn.
9. *Father's Occupation,* Bakery.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel.

Remarks, Healthy.

Immediately under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd. A. 12467
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 12, 1889
4. *Place of Birth, (Street and Number)*	1410 Block St.
5. *Full Name of Mother,*	Rose Quinn
6. *Mother's Maiden Name,*	Rose Lacy
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Luke Quinn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary Y. Lavayne
Address,	728 Lizerne St.
Remarks,	

HEALTH OBSERVATORY, JUN 13 1889, BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child A 12468

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* June 2 1889
4. *Place of Birth (Street and Number)* No 1111 Whatcoat st
5. *Full Name of Mother* Kate Eigeldinger.
6. *Mother's Maiden Name* Kate Plett.
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Herman Eigeldinger.
9. *Father's Occupation* a Laborer.
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 538 Bedford Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth A. 12469
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 12, 1889
4. *Place of Birth, (Street and Number)*	228 Castle st.
5. *Full Name of Mother,*	E. Ayllitz
6. *Mother's Maiden Name,*	E. Kybert
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	L. Antlitz
9. *Father's Occupation,*	Laborer. O
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary Portner
Address,	741 S. Chester.
Remarks,	

...ealth. This schedule shall contain a list of the births which have occurred under his or her care during the ...onth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ...en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...id schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...hall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...tendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...hild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...ny such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12478

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 12th 1889
4. Place of Birth (Street and Number),	2060 Eastern Ave
5. Full Name of Mother,	Kate Polley
6. Mother's Maiden Name,	Kate Rigney
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Harry F Polley
9. Father's Occupation,	Coal Miner
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs R A Tyler (nee Garrett)
Address,	509 Port St
Remarks,	Balto Md

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 12171
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	12 June 1889
4. *Place of Birth, (Street and Number)*	224 Eastern ave.
5. *Full Name of Mother,*	M. Sheehan
6. *Mother's Maiden Name,*	Mg. Golden
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	T. Sheehan
9. *Father's Occupation,*	Laborer. I
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary Cantwell
Address,	241 Chesterst
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 12th 1899
4. *Place of Birth, (Street and Number)*	37 S. Front -
5. *Full Name of Mother,*	Rosa Rosenblum
6. *Mother's Maiden Name,*	" Schwartz
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Solomon Rosenblum
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	David Stutts, MD
Address,	403 N. Exeter St
Remarks.	

BALTIMORE CITY BOARD OF HEALTH

Health. — This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12473

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 12th 1889.
4. Place of Birth, (Street and Number) 2000 Fairmount Avenue
5. Full Name of Mother, Mary E. Felling
6. Mother's Maiden Name, " " Getz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis J. Felling
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. James D. H. Shane, M.D.

Address, 2225 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A 12174
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 12 1889.
4. Place of Birth, (Street and Number)	1048 Elizabeth lane.
5. Full Name of Mother,	Anna Myer.
6. Mother's Maiden Name,	Wagner.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Herrmann Myer.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 13475

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 13 1889
4. Place of Birth, (Street and Number) 407 Cook Alley
5. Full Name of Mother, Josephene Reed
6. Mother's Maiden Name, Josephene Barns
7. Mother's Birthplace, Dorchester Maryland
8. Full Name of Father, John Reed
9. Father's Occupation, Porter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. E. C. Baldwin

Address, 804 N. Exeter St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RECEIVED JUN 17 1889 REGISTRAR'S OFFICE, BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13478

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1	
Sex, (state whether male or female)	~~Male~~ White	Male
2. Race or Color, (if not of the white race)		White
3. Date of Birth,	June 13	1889
4. Place of Birth, (Street and Number)	Hubert Str near	1034
5. Full Name of Mother,	Barbra Berry	
6. Mother's Maiden Name,	Barbra Reich	
7. Mother's Birthplace,	Germane	
8. Full Name of Father,	August Berry	
9. Father's Occupation,	Laboner	
10. Father's Birthplace,	Germane	
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel	
Address,	1619 Cuba St	
Remarks,	Baltimore	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 12477

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13/89
4. *Place of Birth, (Street and Number)* 721 W Hamburg St.
5. *Full Name of Mother,* Philomena
6. *Mother's Maiden Name,* Volk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin N. Klug
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J H Smith Lee

Address, 909 S. Chas St.

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12178

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colrd
3. *Date of Birth,* June 13th 3 a m 1889
4. *Place of Birth, (Street and Number)* 826 W Saratoga St
5. *Full Name of Mother,* Kate O'Kane.
6. *Mother's Maiden Name,* Kate Dorsey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas O'Kane
9. *Father's Occupation,* Employee Balto City P O.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M D

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~) A 13479

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 13th 1879
4. Place of Birth, (Street and Number) 2213 - St Paul St
5. Full Name of Mother, Catherine Costigan Gallagher
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, John M. Gallagher
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore Co - Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Emmons M.D.

Address, 2100 - Mt Ave

Remarks,

BALTIMORE, MD. JUN 15 1880

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 15 1889 BALTIMORE, MD

A (2481)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, 13th of June 1889.
4. Place of Birth, (Street and Number) 16 South Washington St.
5. Full Name of Mother, Mary R. Devoid
6. Mother's Maiden Name, Mary R. White.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willibert C. White
9. Father's Occupation, Seafarry man
10. Father's Birthplace, Ex Sumersets County

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH Registered No.

CITY OF BALTIMORE (No. 227 Harrison St. ; Ward)

(2 FULL NAME OF CHILD Louis Setlen | If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other?	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
M.	(To be answered only in event of plural births)		Yes	6 / 22 / 1889 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Solomon Setlen	(14) FULL MAIDEN NAME Hana Golden
(9) RESIDENCE 227 Harrison	(15) RESIDENCE 227 Harrison St
(10) COLOR W (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR W (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Russia	(18) BIRTHPLACE Russia
(13) OCCUPATION Store Keeper	(19) OCCUPATION House Wife
(20) Number of children born to this mother, including present birth 3	(21) Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN

(When there was no attending physician or midwife then the father, householder, etc., should make this return.)

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born alive or stillborn)

(A stillbirth requires a birth certificate and a death certificate which should be pinned together. A stillborn child is one that does not breathe after birth.)

(24) Given name added from a supplemental report. E Schreman

(23) Midwife
Signature of Physician

Address 918 E. Fayette St

Registrar

(Over)

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lewis 4th D 121/81

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 13 – 89
4. *Place of Birth, (Street and Number)* 121 Harrison St
5. *Full Name of Mother,* Rebecca Saitlin
6. *Mother's Maiden Name,* " Goldovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Saitlin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Eo Scherman

Address, Albemarle St N 103.

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th A 12482

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13th 1889
4. *Place of Birth, (Street and Number)* 1744 Orleans Street
5. *Full Name of Mother,* Ardela Hill
6. *Mother's Maiden Name,* Ardela Stewart
7. *Mother's Birthplace,* Anarunel Co Md
8. *Full Name of Father,* Edward Hill
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* North Hamilton Co

Name of Medical Attendant, or other Person who makes this Return. Georana Well

Address, 24 Iron Alley Balt City

Remarks,

[illegible] be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child A 12483

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 13th 1889 8.50 A.M.
4. Place of Birth, (Street and Number) 720 Port St
5. Full Name of Mother, Mary Sterling
6. Mother's Maiden Name, Mary Bleiman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Sterling
9. Father's Occupation, Caulker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E. Donnelly M.D.

Address, 1701 E. Baltimore St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 **A** 12484

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colon
3. *Date of Birth,* June 13
4. *Place of Birth, (Street and Number)* Wilman St. no 4-7
5. *Full Name of Mother,* Betty Burl
6. *Mother's Maiden Name,* Betty Kelley
7. *Mother's Birthplace,* West Malden Co
8. *Full Name of Father,* Thomas Burl
9. *Father's Occupation,* Watters
10. *Father's Birthplace,* West Malden Co

Name of Medical Attendant; or other person who makes this Return.

Address, H H Smith Wilkeldezy St no 1516

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 124185

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 13/89
4. *Place of Birth, (Street and Number)* 402 Wilson St Balto
5. *Full Name of Mother,* Thereas Matthews
6. *Mother's Maiden Name,* Thereas Carroll
7. *Mother's Birthplace,* Calverton Balto Co
8. *Full Name of Father,* Henry A. Matthews
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Virginia Wheeler

Address, South west & Penna Ave & Reesman. St Balto

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12158

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 13th June 1889
4. *Place of Birth, (Street and Number)* Bradford Alley No 101 Baltimore
5. *Full Name of Mother,* Wilhelmine Neechel
6. *Mother's Maiden Name,* Wilhelmine Neitzke
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Albert Neechel
9. *Father's Occupation,* Shivadoar
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No 2321 E. Fayette St

Remarks,

The Undertaker shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third. A 12187
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13th 1889
4. *Place of Birth, (Street and Number)*	1113 Myrtle Ave,
5. *Full Name of Mother,*	Kate Brooks Bromwell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Chas. A. Brooks.
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child A 12488

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* June 13, '89.
4. *Place of Birth, (Street and Number)* 1007 Parrish Alley
5. *Full Name of Mother,* Julia Rogers
6. *Mother's Maiden Name,* " Scott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Asbury Rogers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other person who makes this Return. Mary C. Jones.

Address, 1121 Saratoga St.

Remarks,

HEALTH BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 12439
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Thirteen of June
4. *Place of Birth (Street and Number),*	326 Calvert St
5. *Full Name of Mother,*	Margaret McKay
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Edward McKay
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Jones
Address,	
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 12490

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14-1889
4. *Place of Birth, (Street and Number)* 1302 St. Paul St.
5. *Full Name of Mother,* Addie Colt Williams
6. *Mother's Maiden Name,* Colt.
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* E. Calvin Williams
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Moseley M. D.

Address, 614 N Howard St.

Remarks,

and whose privilege or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1249.1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 14 of June 1889
4. *Place of Birth, (Street and Number)* No 1535 Latrobe St
5. *Full Name of Mother,* Henrietta Grundy
6. *Mother's Maiden Name,* Henrietta Bopp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Grundy
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md 1889

HEALTH DEPARTMENT BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 124192

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 June 1889
4. *Place of Birth, (Street and Number)* N. Poplar & No 120
5. *Full Name of Mother,* Elizabeth
6. *Mother's Maiden Name,* Hentz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schumacher
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Indiana

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poplar St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 12153

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 14th 1889
4. Place of Birth (Street and Number), 823 N Montgomery st
5. Full Name of Mother, Florence E Beauchamp
6. Mother's Maiden Name, Florence E Andrews
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, William T Beauchamp
9. Father's Occupation, Engineer
10. Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return. Mrs M E Cottrell

Address, 606 Monroe st

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRAR'S OFFICE BOARD OF HEALTH BALTIMORE CITY

A. 12494

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday June 17th 1889
4. *Place of Birth, (Street and Number)*	No 2216 Frederick Ave.
5. *Full Name of Mother,*	Emma Kisner
6. *Mother's Maiden Name,*	Emma Bauer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Kisner
9. *Father's Occupation,*	Soap Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Hall
Address,	No 349 Bentalou St
Remarks,	

...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child 12496
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 14 1889.
4. *Place of Birth, (Street and Number)*	110 7 Peach Alley.
5. *Full Name of Mother,*	Maggie Krieg.
6. *Mother's Maiden Name,*	Dehsnek.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Krieg.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child A. 1249
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 14 — 1887.
4. *Place of Birth, (Street and Number)*	1106 Battery Av.
5. *Full Name of Mother,*	Lizzie Glaff.
6. *Mother's Maiden Name,*	Schneider.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Glaff.
9. *Father's Occupation,*	Barber.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lehmasser Midwife
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Whit
3. Date of Birth, 14th of Juni, 1889.
4. Place of Birth (Street and Number), 114 Patterson Ave
5. Full Name of Mother, Sophronia Webster
6. Mother's Maiden Name, Sophronia Tankersley
7. Mother's Birthplace, Deals Island Somerset Co M.D.
8. Full Name of Father, Edward Webster
9. Father's Occupation, Laborer
10. Father's Birthplace, Sommerset-Count

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille Midwife

Address, 207 N. Castle-Str

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 12498

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1889
4. *Place of Birth, (Street and Number)* 1244 Federal St
5. *Full Name of Mother,* Nellie Bremer
6. *Mother's Maiden Name,* Nellie Fisher
7. *Mother's Birthplace,* Holland
8. *Full Name of Father,* Peter Bremer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Helligonda Slifer

Remarks, 641 So Paca St

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUN 18 1889 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12499

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (State whether male or female)*	Fem.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	June 14 1899
4. *Place of Birth, (Street and Number)*	234 Ann St.
5. *Full Name of Mother,*	L. Oliver
6. *Mother's Maiden Name,*	L. Rose.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Oliver
9. *Father's Occupation,*	Black-smith
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary Perlner
Address,	241 S. Chester
Remarks,	

...ly such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
...ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th 12 5th

1. Sex, (state whether male or female) (Twins) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1203 Whatcoat St June 14th
4. Place of Birth, (Street and Number) 1203 Whatcoat St
5. Full Name of Mother, Marie Herman
6. Mother's Maiden Name, Marie Henzlinger
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Herman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Helligonda Slifer

Remarks, 641 So Paca St

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 15 June 1889
4. *Place of Birth, (Street and Number)* No. 2005 Spruce Ave
5. *Full Name of Mother,* K. Sinskey
6. *Mother's Maiden Name,* K. Rheil P
7. *Mother's Birthplace,* Commissberg
8. *Full Name of Father,* W. Sinskey
9. *Father's Occupation,* Cam. Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary Gertner

Address, 24 S. Chester

Remarks,

...ther enacted and ordained that every person practicing midwifery in the City of ...ere or superintendence a birth shall hereafter take place, shall keep a true and correct ...all enter the same on a blank schedule, to be furnished by the Commissioner of ...ntain a list of the births which have occurred under his or her care during the ...the Commissioner can be ascertained the full rand of each child, if any shall have ...shall here ... the date and place of birth; and the ...ion of its parents ... between the first and ...ed, duly signed by the practitioner ... form of a certificate ... birth of any child ...to the office of the Commissioner of Health. In case the ... occur without the attendance of a physician or practitioner of midwifery, or should no other ... dance upon the mother, immediately thereafter it shall become the duty of the person or pare... to report its birth to the Commissioner of Health, in the manner and within the period above requ... such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12512

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First —
1. Sex (state whether Male or Female)	Male —
2. Race or Color (if not of the white race)	Negro —
3. Date of Birth	June 15. 1887 —
4. Place of Birth (Street and Number)	1116 Parish st —
5. Full Name of Mother	Martha Rice
6. Mother's Maiden Name	———
7. Mother's Birthplace	Balto —
8. Full Name of Father	Freeborn Rice
9. Father's Occupation	Laborer —
10. Father's Birthplace	Balto —
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M. D.
Address	714 N. Carey st —
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

JUN 17 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 12503
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 15 1889
4. Place of Birth, (Street and Number)	Townsend St No 1356
5. Full Name of Mother,	Annie Colman
6. Mother's Maiden Name,	Annie Enright
7. Mother's Birthplace,	New London
8. Full Name of Father,	John Colman
9. Father's Occupation,	Solicder
10. Father's Birthplace,	New London
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Dau A 12574

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15th 89.
4. *Place of Birth, (Street and Number)* Pratt St bet High & Albemarle Sts
5. *Full Name of Mother,* Betsy Shkoonick
6. *Mother's Maiden Name,* " Fish
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Shkoonick
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schneeman

Address, Albemarle St N 103

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12565

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 head

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 15 of June 1889
4. Place of Birth, (Street and Number) No 728 Stockton St Balto
5. Full Name of Mother, Martha Jackson
6. Mother's Maiden Name, Martha Wollace
7. Mother's Birthplace, Balto
8. Full Name of Father, Daniel Jackson
9. Father's Occupation, Carbering man
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Lawrence Hutson

Address, No 937 harmony Lane

Remarks,

HEALTH DEPARTMENT, JUN 26 1889, BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Summer 1889

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15 - 89
4. *Place of Birth, (Street and Number)* 116 Albemarle St-
5. *Full Name of Mother,* Rachel Jacobson
6. *Mother's Maiden Name,* " Minnis
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Jacobson
9. *Father's Occupation,*
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Ochsman

Address, Albemarle St N 103

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 12527

1. *Sex, (state whether male or female)* girle
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15th 1889
4. *Place of Birth, (Street and Number)* Baltimore No 59 Lemmon Street
5. *Full Name of Mother,* Catharine gainner
6. *Mother's Maiden Name,* Catharine giles
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick gainner
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12578

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 15th
4. Place of Birth (Street and Number), 1420 E Monument St
5. Full Name of Mother, Rachel Megahan
6. Mother's Maiden Name, Rachel Muller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J Megahan
9. Father's Occupation, Sugar Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1718 Aisquith St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12509

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex* (~~*state whether male or*~~ *female*),
2. *Race or Color* (~~*if not of the*~~ *white race*),
3. *Date of Birth,* June 15th /89.
4. *Place of Birth (Street and Number),* 39 Larkin St.
5. *Full Name of Mother,* Mollie V. McKelvey.
6. *Mother's Maiden Name,* Mollie V. Lepson.
7. *Mother's Birthplace,* Baltimore City. Md.
8. *Full Name of Father,* Walter A. McKelvey.
9. *Father's Occupation,* Water Department. B & O. C. C.
10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. John J. C. Frozer M.D.

Address, 662. W Lexington St.

Remarks,

HEALTH DEPARTMENT, JUN 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A 12570

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 15th of June 1889.
4. Place of Birth, (Street and Number) 204 Mederrean Alley.
5. Full Name of Mother, Mary Geserregen
6. Mother's Maiden Name, Mary Cumberland.
7. Mother's Birthplace, New York.
8. Full Name of Father, Henry Cumberland.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT JUN 15 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child Born
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 15
5. *Place of Birth, (Street and Number)* 428 South Stricker street
6. *Full Name of Mother,* Kate E Miller
7. *Mother's Maiden Name,* Kate E Cordell
8. *Mother's Birthplace,* Washington County
9. *Full Name of Father,* George C Miller
10. *Father's Occupation,* Truck Builder
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kraning

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and child are doing well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th & child A. 12513
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 1889
4. *Place of Birth, (Street and Number)*	Gilling St. 12
5. *Full Name of Mother,*	Sara L. Newkirk
6. *Mother's Maiden Name,*	Sara L Hyson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Newkirk
9. *Father's Occupation,*	Boilermaker
10. *Father's Birthplace,*	Delaware
Name of Medical Attendant, or other person who makes this Return.	M. R. Castagy
Address,	213 Heath St
Remarks,	Doing Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12513

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	The White
3. *Date of Birth,*	The 13 of June 1887
4. *Place of Birth, (Street and Number)*	No 18 North Eden
5. *Full Name of Mother,*	Mary Bayer
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bayer
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Christina Lane
Address,	No 1059 Hanover and Cut
Remarks,	Baltimore Maryland U.S.A.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 125147

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 15"
4. *Place of Birth, (Street and Number)* 526 N Fulton St
5. *Full Name of Mother,* Clara Davis
6. *Mother's Maiden Name,* " Price
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Thos. H. Davis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return, Edw. G. Huck

Address, #649 N. Townsend St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 24 '29

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 12 5 15

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, June 5, 1879

4. Place of Birth (Street and Number), 18 E. Eutaw St

5. Full Name of Mother, Catherine C. Evans.

6. Mother's Maiden Name, " " Spence

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles F. Evans.

9. Father's Occupation, Undertaker.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDaniel

Address, 208 Aisquith St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered before any justice of the peace, and the forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child A. 12576
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	201 Durham St.
4. *Place of Birth, (Street and Number)*	June 5th, 89
5. *Full Name of Mother,*	Camda Bailey
6. *Mother's Maiden Name,*	Camila Ambry
7. *Mother's Birthplace,*	Gourchester Co.
8. *Full Name of Father,*	Felix Bailey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Rent Island
Name of Medical Attendant, or other person who makes this Return.	Lucinda Wolford.
Address,	432 North Register St
Remarks,	

JUL 24 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(A 13577)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second & Third (Twins)

1. Sex (state whether male or female), both Males
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, June 15th 1889
4. Place of Birth (Street and Number), 218 Dolphin St
5. Full Name of Mother, Susan Barbary Grove Bailey
6. Mother's Maiden Name,
7. Mother's Birthplace, Shrewsbury Pa
8. Full Name of Father, Eli W Grove
9. Father's Occupation, Baggage Master N C R R
10. Father's Birthplace, New Freedom Pa

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A. 12579
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15-1889
4. *Place of Birth, (Street and Number)*	313 W. Monument St.
5. *Full Name of Mother,*	Mary Westenfeld
6. *Mother's Maiden Name,*	Krider
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Fred'k D. Westenfeld.
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balt'e City.
Name of Medical Attendant, or other Person who makes this Return.	Wm E. Moseley M. D.
Address,	614 N. Howard St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 12 5 19

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 16th
4. Place of Birth (Street and Number), 19 Watson Court
5. Full Name of Mother, Minar Goldberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Goldberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Edward Bernstein M D

Address, 1439 E Eager St

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Henry A 12520

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16 — 89
4. *Place of Birth, (Street and Number)* 1221 Holland St
5. *Full Name of Mother,* Sarah Tallpis
6. *Mother's Maiden Name,* — Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Aaron Tallpis
9. *Father's Occupation,* Segarmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Samuel 12521

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~111 Albermarle St~~ June 16-89
4. *Place of Birth, (Street and Number)* 111 Albermarle
5. *Full Name of Mother,* Annie Meyerson
6. *Mother's Maiden Name,* " Jacobs
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Meyerson
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted, That every birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st — A. 12529
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 16 1889
4. Place of Birth, (Street and Number)	439 N. Front —
5. Full Name of Mother,	Maggie O'Toole
6. Mother's Maiden Name,	" Lee
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John O'Toole
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dana Mott MD
Address,	403 N. Eden ? —
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12223

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born June 16th 1889
4. Place of Birth, (Street and Number)	No 318 Smallwood Str
5. Full Name of Mother,	Mrs Emma Eckert
6. Mother's Maiden Name,	Miss Emma Rullig
7. Mother's Birthplace,	West Preissen Germany
8. Full Name of Father,	Mr Julius Eckert
9. Father's Occupation,	Huxter
10. Faiher's Birthplace,	West Preissen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Edward Knapp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) P. **A.** 15024

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1889
4. *Place of Birth, (Street and Number)* 875 Lemmon St 1889
5. *Full Name of Mother,* Dora. Knapp
6. *Mother's Maiden Name.* Weber
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* Henry Knapp
9. *Father's Occupation,* Coachsmith
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks, GIVEN NAME ADDED. 3-19-52

HEALTH DEPARTMENT, JUN 21 1889 BALTIMORE, MD.

SECTION [illegible] Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 12025

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — — —
3. *Date of Birth,* June 16. 1889.
4. *Place of Birth, (Street and Number)* No 539 N. Washington St.
5. *Full Name of Mother,* Katie Syston.
6. *Mother's Maiden Name,* Katie Gebhardt.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* W. T. Lyston.
9. *Father's Occupation,* Iron moulder.
10. *Father's Birthplace,* Washington.

Name of Medical Attendant, or other person who makes this Return, Louisa Schulte.

Address, 528. N. Washington.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN V& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of fifty (50) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12522

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* 16th of June 1889
4. *Place of Birth, (Street and Number)* 14.29 Collon ally
5. *Full Name of Mother,* Easten Waters
6. *Mother's Maiden Name,* Easten King
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* George Waters
9. *Father's Occupation,* Roter
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address, Clinton avenue

Remarks,

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 24 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 12627

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 99
4. Place of Birth, (Street and Number) 774 W Mount St
5. Full Name of Mother, Mrs Annie Zimmerman
6. Mother's Maiden Name, Annie Abell
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Zimmerman
9. Father's Occupation, Weaver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. B F Phillips

Address, 735 W Lombard St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) A 12528

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1859
4. *Place of Birth, (Street and Number)* 331 E. North Ave
5. *Full Name of Mother,* Nannie M. Hobbs
6. *Mother's Maiden Name,* " Abbott
7. *Mother's Birthplace,* Md —
8. *Full Name of Father,* Solon Linthicum Hobbs
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Md —

Name of Medical Attendant, or other person who makes this Return. J. H. Grimes

Address, 2100 Md Ave

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child. A. 12279

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* June 10th 1879
4. *Place of Birth (Street and Number)* No 625 Bridle Alley
5. *Full Name of Mother* Carrie Franks
6. *Mother's Maiden Name* Carrie Simmons
7. *Mother's Birthplace* Cincinnatie Ohio
8. *Full Name of Father* John Franks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Goltz No 538 Bridle Alley

Remarks

GIVEN NAME ADDED. 4-19-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Elmer Demuth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A. 125530

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 16th 39
4. Place of Birth (Street and Number), 709 N. Lanvale St —
5. Full Name of Mother, Lizzie Demuth
6. Mother's Maiden Name, " Hengst —
7. Mother's Birthplace, City —
8. Full Name of Father, John F. A. Demuth
9. Father's Occupation, Clerk
10. Father's Birthplace, City —

Name of Medical Attendant, or other person who makes this Return. W. F. Hill MD,

Address, 1001 E. Lanvale ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-29-54

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton B. Decker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child A 12531

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 17 of June 1889
4. *Place of Birth, (Street and Number)* 1816 Brunt
5. *Full Name of Mother,* Georganna Decker
6. *Mother's Maiden Name,* Georganna Black
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Milton Decker
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Donnley

Address, 1635 Little Walsh St

Remarks, None

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. HULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child A. 1253
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 17th 1889
4. *Place of Birth, (Street and Number)*	No 2102. Browns Lane
5. *Full Name of Mother,*	Mrs Kate Krach
6. *Mother's Maiden Name,*	Miss Kate Kislin
7. *Mother's Birthplace,*	Bayarn Germany
8. *Full Name of Father,*	Mr William Krach
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Bayarn Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 12053
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1889
4. *Place of Birth, (Street and Number)*	No 1418 Battery ave
5. *Full Name of Mother,*	Mary S. Laughlin
6. *Mother's Maiden Name,*	Mary S Mannion
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Dennis A Laughlin
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrd st
Remarks,	

HEALTH DEPARTMENT JUN 24 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17/889
4. Place of Birth, (Street and Number) 1726 Mulliken St
5. Full Name of Mother, Christena Korn
6. Mother's Maiden Name, Judd
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frederick Korn
9. Father's Occupation, Brush Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

JUN 26 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12630

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 17 1889
4. *Place of Birth, (Street and Number)*	628 N Castle St
5. *Full Name of Mother,*	Louisa Wakefield
6. *Mother's Maiden Name,*	" Stein
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Wakefield
9. *Father's Occupation,*	Trimmer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth. A 12536

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 17, 1889
4. Place of Birth, (Street and Number) No. 1452 Harford ave.
5. Full Name of Mother, Annie Burns
6. Mother's Maiden Name, Annie Dempsey.
7. Mother's Birthplace, New York
8. Full Name of Father, Thomas Burns.
9. Father's Occupation, Laborer.
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return. Eug. A. Elwell M.D.

Address, 1241 Harford ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 12537

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, 6-7-89.

4. Place of Birth, (Street and Number) 2101 Pennsylvania

5. Full Name of Mother, Mrs. Virginia Foos

6. Mother's Maiden Name, Favier

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jno. C. Foos

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H. M. Eshman

Address, 772 Lexington

Remarks, Natural

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto June 18, 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12538

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Balto June 17. 1889
4. *Place of Birth, (Street and Number)* 405 S. Chappel St.
5. *Full Name of Mother,* Annie Vogel
6. *Mother's Maiden Name,* Annie Eberle.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Vogel.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 410 S. Wolfe St.

Remarks, Cx

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge such child may be, to enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) A. 12539

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, June 17th 1909
4. Place of Birth, (Street and Number) 341 - a - Second St
5. Full Name of Mother, Catherine Carmichael
6. Mother's Maiden Name, " Fletcher
7. Mother's Birthplace, Scotland
8. Full Name of Father, Daniel Carmichael
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. D. H. Grimes M.D.

Address, 2100 - Madison Ave

Remarks,

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 12574

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 18th 1889 June
4. *Place of Birth, (Street and Number)* Eutaw House 26 & 31
5. *Full Name of Mother,* Virginia Mason
6. *Mother's Maiden Name,* Virginia Dorsey
7. *Mother's Birthplace,* Fort Laud
8. *Full Name of Father,* Charles Mason
9. *Father's Occupation,* Shoveling Coal
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [redacted] Question

Address, [illegible]

Remarks, Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 12541

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 June 1889
4. *Place of Birth, (Street and Number)* 1328 West Street
5. *Full Name of Mother,* Kate Jenkins
6. *Mother's Maiden Name,* Kate Ryan
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Charles Hays Jenkins
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Woodrow 936

Address, 936 Greenmount Avenue

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh A. 12373
1. *Sex, (State whether male or female)*	Fem.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 18, 1869
4. *Place of Birth, (Street and Number)*	214 Duncan St.
5. *Full Name of Mother,*	E. Welch.
6. *Mother's Maiden Name,*	E. Mc-cully
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	P. Welch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Mary Portner
Address,	241 E. Chester
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 17572

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 18th 1889 June
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible] Mason
6. Mother's Maiden Name, [illegible] Dorsey
7. Mother's Birthplace, [illegible] Land
8. Full Name of Father, [illegible] Mason
9. Father's Occupation, Shoveling Coal
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible] Austin

Address, [illegible]

Remarks, [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 12571

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 June 1889
4. *Place of Birth, (Street and Number)* 1328 First Street
5. *Full Name of Mother,* Kate Jenkins
6. *Mother's Maiden Name,* Kate Ryan
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Charles Hoyt Jenkins
9. *Father's Occupation,* Brakesman
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. Woodrow F.B.C.

Address, 936 Greenmount Avenue

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth A. 12-57/2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 18 1889
4. *Place of Birth, (Street and Number)* 217 Duncan st.
5. *Full Name of Mother,* J. Greely
6. *Mother's Maiden Name,* J. Flarkty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* T. Greely
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return Mary Perner

Address, 24 V S. Chester

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child 12573
1. *Sex, (State whether male or female)*	Boy,
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 18, 1899
4. *Place of Birth, (Street and Number)*	214 Duncan St.
5. *Full Name of Mother,*	B. Welch.
6. *Mother's Maiden Name,*	B. Mc-Cully
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	P. Welch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Mary Portner
Address,	241 E. Chester
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 12544

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 18th 1889
4. *Place of Birth (Street and Number),* 105 Bradell All.
5. *Full Name of Mother,* Beke Touff
6. *Mother's Maiden Name,* Beke Soselsohn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Aisek Torff
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rose Feiger

Address, 105 Bradell All. near Lombard, St.

Remarks,

more under whose charge or superintendence a blank schedule to be furnished by the Commissioner of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 12545

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Tuesday June 18th 1889
4. *Place of Birth (Street and Number)* Baltimore 1204 North Wolfe st
5. *Full Name of Mother* Ida Price
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father* Mathias Price
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Adelina Howard

Address 1013 N. Chapel Near Eden

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th A. 12671
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 18 th 1889
4. *Place of Birth, (Street and Number)*	No 27 E Randall st
5. *Full Name of Mother,*	Ida Brown
6. *Mother's Maiden Name,*	Ida Sord
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Samuel Brown
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) A. 12547

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 18th 1859
4. *Place of Birth, (Street and Number)* 28 - W - Hoffman St
5. *Full Name of Mother,* Ella Shea
6. *Mother's Maiden Name,* " O'Brien
7. *Mother's Birthplace,* Balt -
8. *Full Name of Father,* Daniel Shea
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Balt -

Name of Medical Attendant, or other person who makes this Return. J. H. Guinex M.D.

Address, 2100 - Md Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th) A 12548

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 1889
4. Place of Birth, (Street and Number) No. 219 North Wolfe St.
5. Full Name of Mother, Mrs. Elizabeth Annie Deise
6. Mother's Maiden Name, Miss Elizabeth A. Redding
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Louis Frederick Deise
9. Father's Occupation, Tailor
10. Father's Birthplace, York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen, M.D.

Address, 1710 E. Fayette St. Cor. Bonaday

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12549

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 19 1889
4. *Place of Birth, (Street and Number)* 27 N. Spring
5. *Full Name of Mother,* Kate Christopher
6. *Mother's Maiden Name,* " McGraw
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Thos. A. Christopher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return. David Shelton MD

Address, 403 N. Exeter

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12537

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four (4)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of June/89
4. *Place of Birth, (Street and Number)* 234 S. Dallas St
5. *Full Name of Mother,* Laura Steiman
6. *Mother's Maiden Name,* Laura Evert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Steiman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Seators

Address, 242 S. Dallas St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd A 12551

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth June 19-89
4. Place of Birth, (Street and Number) 1132 Fillmore Alley
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, " "
7. Mother's Birthplace, City
8. Full Name of Father, None
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. L. O. Miller MD

Address, 312 N. Madison St.

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 12552

1. Sex, (State whether male or female) Female
2. Race or color; (if not of the white race) White
3. Date of Birth, June 19th 1889
4. Place of Birth, (Street and Number) No 1325 Hanover st
5. Full Name of Mother, Elizabeth Riggon
6. Mother's Maiden Name, Elizabeth Schneider
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John T. Riggon
9. Father's Occupation, Market man
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1701, S Charles street

Remarks,

WM J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh Child
1. *Sex. (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	19 of June
4. *Place of Birth, (Street and Number)*	1625 Jewel St
5. *Full Name of Mother,*	Clemtine Stoltz
6. *Mother's Maiden Name,*	Clemtine Meyers
7. *Mother's Birthplace,*	Carrol County
8. *Full Name of Father,*	George Stoltz
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Carrol County
Name of Medical Attendant, or other person who makes this Return.	Mrs Downey
Address,	1635 Little Walsh
Remarks,	None

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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HEALTH DEPARTMENT BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 12554

1. Sex, (~~state whether male~~ or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 1889
4. Place of Birth, (Street and Number) 1804 Barclay St
5. Full Name of Mother, Adolph Phornie Hammerstein
6. Mother's Maiden Name, Adolph Phornie Schmidt
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Chas Daniels Hammerstein
9. Father's Occupation, Caterer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Edmund Gibbs M.D.

Address, 440 E. North Ave

Remarks, Normal labor though protracted somewhat

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first A. 12555

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 19th 1889.
4. *Place of Birth (Street and Number),* 1323. N. Stricker St.
5. *Full Name of Mother,* Ellen Genette Brown
6. *Mother's Maiden Name,* " " Hopkins
7. *Mother's Birthplace,* Barnesville Ohio
8. *Full Name of Father,* Horace Greeley Brown
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Lancaster Lee Co Va

Name of Medical Attendant, or other person who makes this Return. J. C. Hemmeter

Address, 212 W. Franklin St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12556

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 19. 1889.
4. *Place of Birth, (Street and Number)*	1804 Park Ave.
5. *Full Name of Mother,*	Cora J. Schaffer
6. *Mother's Maiden Name,*	" Judd.
7. *Mother's Birthplace,*	New Britain Ct.
8. *Full Name of Father,*	St John Schaffer
9. *Father's Occupation,*	Merchant Taylor
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred Vanslaun M.D.
Address,	818 N Eutaw St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 12557

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* June the 19
4. *Place of Birth, (Street and Number)* Cheney 119
5. *Full Name of Mother,* Pinkkey gray
6. *Mother's Maiden Name,* Pinkkey ~~Washington~~ dunkis
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Washington dunkins
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return. Sarrah Jane Wilson

Address, 115 Hurey st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., DEPT. PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d A. 12558

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 841 Lexington St.
4. *Place of Birth, (Street and Number)* June 20th 1889
5. *Full Name of Mother,* Kate R. Evans
6. *Mother's Maiden Name,* " " Dent
7. *Mother's Birthplace,* St Mary Co Md.
8. *Full Name of Father,* J Edward Evans
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill Md

Address, 807 Solington av

Remarks,

John Murphy & Co., City Printers and Stationers.

[illegible] And be it farther enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall [illegible] the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth A. 12537
1. *Sex, (State whether male or female).*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth.*	20 June 1889
4. *Place of Birth, (Street and Number)*	2029 Castle St.
5. *Full Name of Mother,*	M. Cane
6. *Mother's Maiden Name,*	M. Barre
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. Barre
9. *Father's Occupation,*	Ship Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary Pertner
Address,	24 E. Chester
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17560

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 20th June 1889
4. *Place of Birth, (Street and Number)*	No 115 Payson st
5. *Full Name of Mother,*	Mrs Elizabeth Schipperling
6. *Mother's Maiden Name,*	Miss Elizabeth Smith
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	Mr W A Schipperling
9. *Father's Occupation,*	Coach Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

HEALTH DEPARTMENT, JUL 1 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th. A. 12581

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth June 20th. 1889.
4. Place of Birth (Street and Number) 228 Richmond St.
5. Full Name of Mother Georgianna Conley.
6. Mother's Maiden Name " Margery
7. Mother's Birthplace City.
8. Full Name of Father Thomas Conley.
9. Father's Occupation Plasterer.
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. St. Geo. W. Teackle, Md.

Address 702 Park Ave.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 12562

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20th 89
4. *Place of Birth (Street and Number)* No 1616 Chase Street (East)
5. *Full Name of Mother* Jennie Montefecone
6. *Mother's Maiden Name* Jennie Hanson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Montefecone
9. *Father's Occupation* Fresco worker
10. *Father's Birthplace* Baltimore md U.S.

Name of Medical Attendant, or other Person who makes this Return. Thos J Simms md

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the ~~date of birth~~, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 12053

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 1889
4. Place of Birth (Street and Number)	116 Denberg Pl.
5. Full Name of Mother	Sallie K. Ross
6. Mother's Maiden Name	Kavanaugh
7. Mother's Birthplace	Balt City
8. Full Name of Father	George Ross
9. Father's Occupation	Can Maker
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1421 Eutaw Place
Remarks	Normal Labor

JUN 22 1889

register of such birth, the shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 12514

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1889
4. *Place of Birth, (Street and Number)* Valley st Waverly and number
5. *Full Name of Mother,* Alice H Sharpe
6. *Mother's Maiden Name,* Siffle
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Herman Sharpe
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, #811 Jefferson av Waverly Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 12565

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* 1012 Colton St
5. *Full Name of Mother,* Martha Cathren Hamilton
6. *Mother's Maiden Name.* Martha Cathren Wise
7. *Mother's Birthplace,* Short St Baltimore MD.
8. *Full Name of Father,* George H. Hamilton
9. *Father's Occupation,* Bar tender
10. *Father's Birthplace,* Fredrick

Name of Medical Attendant, or other person who makes this Return. Mrs Johns 911 Saratoga

Address, 911 Saratoga St Baltimore St MD

Remarks,

Section 1. Any person who shall be a farmer, superintendent and obtained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A 12556

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, June 21, 1889.
4. Place of Birth, (Street and Number) No. 1849 N. Spring st.
5. Full Name of Mother, Emma Conrad.
6. Mother's Maiden Name, Emma Robbe.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Conrad.
9. Father's Occupation, Cabinet Maker.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Aug. A. Elwell, M.D.

Address, 1241 Hanford ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 12367

1. Sex, (State whether male or female) "Girl.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 21st of June 1889.
4. Place of Birth, (Street and Number) 202 North Bradfoot Alley.
5. Full Name of Mother, Annie Myers.
6. Mother's Maiden Name, Annie Stein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Stein
9. Father's Occupation, Laborman
10. Father's Birthplace, Carrol county

Name of Medical Attendant, or other person who makes this Return. Crescintia Junkel

Address, 213 North Chapel st. per Justina Junkel

Remarks, Healthy.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12568

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 5th.

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* June 21st 189
4. *Place of Birth* (Street and Number) O, Alley 536.
5. *Full Name of Mother* Josephine [redacted] Grant.
6. *Mother's Maiden Name* Thomas
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* John Grant
9. *Father's Occupation* Porter
10. *Father's Birthplace* Chicago Ill.

Name of Medical Attendant, or other Person who makes this Return. Frank W Gunn M.D.

Address 822 N Gilmor st.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) By this wife. A. 12569

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* June 21st/889, 530 AM
4. *Place of Birth,* (Street and Number) 807 Hanford ave
5. *Full Name of Mother,* Kate McKenny
6. *Mother's Maiden Name,* " ~~Roach~~ Birmingham
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Michael McKenny
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. A Fregothecker Md.

Address, 1102 E Balti St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A. 12570
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21 1889
4. *Place of Birth, (Street and Number)*	120 E. Fort Ave
5. *Full Name of Mother,*	Tabitha Buckingham
6. *Mother's Maiden Name,*	Tabitha Stewart
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Leonard Buckingham
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	735 W Lombard St
Remarks,	

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child A 12571
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 22 1889
4. *Place of Birth, (Street and Number)*	Hampden Chestnut Ave 128
5. *Full Name of Mother,*	Kate Bowen
6. *Mother's Maiden Name,*	Kate Colwell
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Agustes Bowen
9. *Father's Occupation,*	Cotton Mills
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Zimmerman
Address,	Hampden 145
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 12572

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd
4. *Place of Birth, (Street and Number)* 1802 White St
5. *Full Name of Mother,* Sallie F. Wilson
6. *Mother's Maiden Name,* Sallie F Conley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Wilson
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hillegonda Slifer

Remarks, 641 So Paca St

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	ninth A 12573
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	22 Dec
4. *Place of Birth, (Street and Number)*	no 428 Aisquith St Balt
5. *Full Name of Mother,*	Bettie E Hammock
6. *Mother's Maiden Name,*	Bettie E Betts
7. *Mother's Birthplace,*	northumberland County va
8. *Full Name of Father,*	William R Hammock
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	northumberland County va
Name of Medical Attendant, or other person who makes this Return.	Mrs Conway
Address,	1230 Battery Ave
Remarks,	Healthy Child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12574

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 89
4. *Place of Birth, (Street and Number)* Pitt Alley
5. *Full Name of Mother,* Joanna Isenhood
6. *Mother's Maiden Name,* " Dennis
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* August Isenhood
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Alice Ruby

Address,

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 12575
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	June 22
4. *Place of Birth, (Street and Number)*	614 Stirling St
5. *Full Name of Mother,*	Laura Bell Johnson
6. *Mother's Maiden Name,*	Laura Bell Parker
7. *Mother's Birthplace,*	Balto County Stemmers Run
8. *Full Name of Father,*	Wm. H. Johnson
9. *Father's Occupation,*	Abroam. Works
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Annie Dungan
Address,	628 Bethel Street
Remarks,	

JUN 24 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	23rd of June 1889
4. *Place of Birth, (Street and Number)*	819 Philadelfia Road.
5. *Full Name of Mother,*	May L. Bone
6. *Mother's Maiden Name,*	Mary L. Schubert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jerome C. Schubert
9. *Father's Occupation,*	Black schmitt
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st per Justina Kunkel
Remarks,	Healthy.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner as aforesaid, the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12577

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 1889
4. Place of Birth, (Street and Number) No. 1116 Thomsen St
5. Full Name of Mother, Harriet Ann Higgins
6. Mother's Maiden Name, Harriet Ann Beatley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wallace Theodore Higgins
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, 936 Greenmount Ave

Remarks, Very fine child, Mother and child well,

HEALTH DEPARTMENT JUN 27 1889 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child A 12578
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	23rd of June 1889
4. *Place of Birth, (Street and Number)*	11 North Wolf street.
5. *Full Name of Mother,*	Laura Reb
6. *Mother's Maiden Name,*	Laura Brockschmitt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Brockschmitt
9. *Father's Occupation,*	Coach painter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. Per Justina Kunkel
Remarks,	Healthy.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A. 12579

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), White
3. Date of Birth, June 23th 1889.
4. Place of Birth (Street and Number), 105 Broadel All. nier Lombard
5. Full Name of Mother, Nina Berman
6. Mother's Maiden Name, Nina Grasitis
7. Mother's Birthplace, Russia
8. Full Name of Father, Meye Berman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Rose Teigen

Address, 105 Broadel All. nier Lombard

Remarks,

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register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12580

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 24 of June 1889
4. *Place of Birth, (Street and Number)* No 1310 Harford Ave
5. *Full Name of Mother,* Sara Samuel Talbot
6. *Mother's Maiden Name,* Sara Bartzyke
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Samuel Talbot
9. *Father's Occupation,* Gay Parker
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Wm. C. L. Lough

Address, No 1059 Harford Ave

Remarks, Bal Md

1889

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 12581

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth* 1936 Jhinkis ally
4. *Place of Birth, (Street and Number)* monday June 24. 1889
5. *Full Name of Mother,* Mary E. Bennett
6. *Mother's Maiden Name,* mary E. Brooks.
7. *Mother's Birthplace,* Eastom. Shore. talbut Co. MD
8. *Full Name of Father,* Jhon. Brooks.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore. M.D.

Name of Medical Attendant, or other Person who makes this Return. doctor borea

Address, 930 hofman st

Remarks, A mairlear. Banks

HEALTH DEPARTMENT, JUN 20 1889, BALTIMORE, MD.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 12582

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 25/89
4. *Place of Birth, (Street and Number)* 150 Vincent
5. *Full Name of Mother,* Ella Stewart
6. *Mother's Maiden Name,* Ella Johnson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Stewart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

Baltimore under whose charge of supervisionance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should [illegible] person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUN 27 1889 BALTIMORE, MD.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This 5, (3rd) A. 12573

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 25th, 1889
4. Place of Birth (Street and Number), No. 1627 East Monument Street
5. Full Name of Mother, Mrs. Margaret Pamelia Thompson
6. Mother's Maiden Name, Miss Margaret P. Richardson
7. Mother's Birthplace, Dorchester County, Maryland
8. Full Name of Father, Mr. George Washington Thompson
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Cleudinen M.D.

Address, 1700 East Fayette Street Cor. Broadway

Remarks,

Whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 17534

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 26th. 1889.
4. Place of Birth (Street and Number), 213 S. Washington Street
5. Full Name of Mother, Ella E. Ford
6. Mother's Maiden Name, Ella E. Grant
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Wm. J. Ford
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. J. T. Daniel M.D.

Address, 701 S. Broadway

Remarks, Wednesday Born 2 A.M.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12555

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st, 1889

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 26th, 1889
4. *Place of Birth (Street and Number),* No 930 N. Central Avenue
5. *Full Name of Mother,* Mrs. Chrissie McCabbin Jaustman
6. *Mother's Maiden Name* Miss Chrissie McCubbin Nelsen
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. Rudolph E. F. Jaustman
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen M. D.

Address, 1700 East Fayette St. Cor. Broadway

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) A. 12686

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 26th/89.
4. Place of Birth, (Street and Number) 1731. McCullough St.
5. Full Name of Mother, Flora Pike,
6. Mother's Maiden Name, Flora Benjamin,
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, Henry Pike,
9. Father's Occupation, Salesman,
10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other person who makes this Return. John I. R. Skrozer, M.D.

Address, 662. W. Lexington St.

Remarks,

HEALTH DEPARTMENT, JUN 2 1889 BALTIMORE CITY

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12587

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* June 28 1889
4. *Place of Birth, (Street and Number)* York St. 215
5. *Full Name of Mother,* Martha Gross
6. *Mother's Maiden Name,* Martha Blakeston
7. *Mother's Birthplace,* Balto M d
8. *Full Name of Father,* D. W. Gross
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Balto M. d.

Name of Medical Attendant, or other person who makes this Return. Milly Gross

Address, No 229 York St. Balto M d

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12588

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Rachel — 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1st/89 ~~111 Albermarle St~~
4. *Place of Birth, (Street and Number)* 111 Albermarle St
5. *Full Name of Mother,* Yocha Vooksman
6. *Mother's Maiden Name,* " Sherin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Vooksman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, Albemarle St W 103

Remarks,

HEALTH DEPARTMENT JUN 25 1889 BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary — 13th A 12589

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1st 89
4. Place of Birth, (Street and Number) 120 Market Space
5. Full Name of Mother, Esther Buckner
6. Mother's Maiden Name, " Homstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Buckner
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Scherman

Address, Albemarle st N 103

Remarks,

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH BOARD
JUN 25 1889
BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Minnie — 6th 1259

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2nd 1889
4. *Place of Birth, (Street and Number)* 1114 Thompson St
5. *Full Name of Mother,* Lena Wienberg
6. *Mother's Maiden Name,* " Davis
7. *Mother's Birthplace,* New York N.Y.
8. *Full Name of Father,* Joseph Wienberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Scherman

Address, Albemarle St N 103

Remarks,

BALTIMORE CITY
JUN 25 1889
BALTIMORE CITY

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1259

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Vincent — 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2nd 1889
4. Place of Birth, (Street and Number) 25 S. Front St
5. Full Name of Mother, Lizzie Neckas
6. Mother's Maiden Name, Sallas
7. Mother's Birthplace, Litan Russia
8. Full Name of Father, Vincent Neckas
9. Father's Occupation, Laborer
10. Father's Birthplace, Litan, Russia

Name of Medical Attendant, or other person who makes this Return. E Schermann

Address, Albemarle st n 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st — A 13592

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 3rd / 89
4. *Place of Birth (Street and Number),* 409 N Green St
5. *Full Name of Mother,* Mrs. Helen G. Hamilton
6. *Mother's Maiden Name,* " " Stump
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* E Yeates Hamilton
9. *Father's Occupation,* Electrician
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. W F Hill M D

Address, 1001 Edmondson Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A. 12573

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 4th
4. *Place of Birth (Street and Number),* 430 N Fremont ave
5. *Full Name of Mother,* Clara V. Dennis
6. *Mother's Maiden Name,* " " Wilson
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas M Dennis
9. *Father's Occupation,* Paperhanger
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. H F Hill M D.

Address, 1001 Edmondson ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUN 27 1898 BALTIMORE, MD.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 193744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 89
4. Place of Birth, (Street and Number) 403 Robert St
5. Full Name of Mother, Mollie Patton
6. Mother's Maiden Name, Mollie Batchelor
7. Mother's Birthplace, La.
8. Full Name of Father, Mr Patton
9. Father's Occupation, Salesman
10. Father's Birthplace, Ox

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Ave

Remarks,

under whose charge or Superintendence a Birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12575

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6, 89
4. Place of Birth, (Street and Number) Clifton & Francis St
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Joyce
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry T. Brown
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. A. C. Dole

Address, 2102 Madison Av

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12596

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1889
4. *Place of Birth, (Street and Number)* No 354 Smallwood St
5. *Full Name of Mother,* Mary Kraus
6. *Mother's Maiden Name,* Kagroun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kraus
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mess E Dumas

Address, No 1927 W Lombard St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any she") have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 12677

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1889
4. *Place of Birth, (Street and Number)* No 2003 Fredick Ave
5. *Full Name of Mother,* Dora Lott
6. *Mother's Maiden Name,* Tarugment
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ruben Lott
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1927 W Lombard St

Remarks,

JUN 25 1889

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12598

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 9 1889
4. *Place of Birth, (Street and Number)* 1647 Orleans St
5. *Full Name of Mother,* Annie Baschke
6. *Mother's Maiden Name,* " Brotzman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Hugo P Baschke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

HEALTH DEPARTMENT JUN 20 1889 BALTIMORE, MD.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12379

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1889
4. Place of Birth, (Street and Number) 1883 St Paul St
5. Full Name of Mother, Harriet L. Fuller
6. Mother's Maiden Name, Harriet L Harned
7. Mother's Birthplace, Derry N Hampshire
8. Full Name of Father, Jno P Fuller
9. Father's Occupation, Real Estate Agent
10. Father's Birthplace, Jno P Fuller Virginia

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Ave

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12600

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11th 1889
4. Place of Birth, (Street and Number) No. 39 London Ave
5. Full Name of Mother, Nellie V Morsberger
6. Mother's Maiden Name, Nellie V Gardner
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Wm Morsberger
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 12601

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 14th 189
4. *Place of Birth (Street and Number),* 921 Edmondson ave
5. *Full Name of Mother,* Bedora L. Manning
6. *Mother's Maiden Name,* " " Dobson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Chas H Manning
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. H F Hill Md.

Address, 1061 Edmondson ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

lth. This schedule shall contain a list of the births which have occurred under his or her care during the nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have n conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child ll occur without the attendance of a physician or practitioner of midwifery, or should no other person be in endance upon the mother, immediately thereafter it shall become the duty of the person or parents of such id to report its birth to the Commissioner of Health, in the manner and within the period above required, and y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12502

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1889
4. *Place of Birth, (Street and Number)* Hunting Av Balto. No number
5. *Full Name of Mother,* Annie D. Miller
6. *Mother's Maiden Name,* " " Keller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George M. B. Miller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, Waverly Baltimore Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 A 12603
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 15 89
4. *Place of Birth, (Street and Number)*	221 Druid St
5. *Full Name of Mother,*	Mary Johnson
6. *Mother's Maiden Name,*	Mary Johnson
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Benj Williams
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

JUN 27 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRAR'S OFFICE JUN 27 1889 BALTIMORE MD.

A. 12604

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 9/89
4. *Place of Birth, (Street and Number)*	Parent al ch
5. *Full Name of Mother,*	Eliza Brown
6. *Mother's Maiden Name,*	Eliza Thomas
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Henry Brown
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Moreland
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12805

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday June 17th 1887
4. Place of Birth, (Street and Number) 2014 Etting St
5. Full Name of Mother, Mrs Mary Elizabeth Farrell
6. Mother's Maiden Name, Miss Mary Elizabeth Mitchell
7. Mother's Birthplace, Charles County Maryland
8. Full Name of Father, Joseph Augustus Farrell
9. Father's Occupation, Driving Dash Wagon
10. Father's Birthplace, Charles County Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs Eliza [redacted] Foster

Address, No 2009 Etting St

Remarks, Very good

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First **A.** 12505

1. *Sex, (State whether male or female)* Feale Male
2. *Race or color, (if not of the white race)* Colard
3. *Date of Birth,* Twenth of June
4. *Place of Birth, (Street and Number)* 1752 Muglin St
5. *Full Name of Mother,* Gorgetter Simms
6. *Mother's Maiden Name,* Gorgetter Colman
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Joseph Henry Simms
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah E Knowles

Address, 1829 E Pratt St

Remarks,

HEALTH DEPARTMENT, JUN 28 1899 BALTIMORE, MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herbert Fallin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 12807

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1889
4. *Place of Birth, (Street and Number)* E. Somerset 2017.
5. *Full Name of Mother,* H E Fallin
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* W W Fallin
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Dorchester County

Name of Medical Attendant, or other person who makes this Return. 1829 E Pratt St. McKnoll

Address,

GIVEN NAME ADDED 4-27-54

Remarks, N.M.

HEALTH DEPARTMENT JUN 28 1889 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 12608

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25th June
4. *Place of Birth, (Street and Number)* 105 East St
5. *Full Name of Mother,* Lucy Briscoe
6. *Mother's Maiden Name,* Lucy Hubert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Briscoe
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Harkey Tomlin

Address, 103 Chestnut St

Remarks,

BALTIMORE, MD. JUN 28 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12609

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* June 25. 89

4. *Place of Birth, (Street and Number)* Lutherville B. Co. (Residence 1821 Lindm Ave Balt Md)

5. *Full Name of Mother,* Mary Jane Cole

6. *Mother's Maiden Name,* Williams

7. *Mother's Birthplace,* Cincinnati Ohio

8. *Full Name of Father,* Geo. B. Cole

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Balt. Co.

Name of Medical Attendant, or other Person who makes this Return. Alfred Wanstall M.D.

Address, 818 N Eutaw St

Remarks,

BIRTH DEPARTMENT, BALTIMORE, MD.

Advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st A 12 610
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25 th 1889
4. *Place of Birth, (Street and Number)*	1327 Presstman street
5. *Full Name of Mother,*	Winifred A Herr
6. *Mother's Maiden Name,*	Winifred A Mc Donagh
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	George Samuel Herr
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Wiesenfeld
Address,	1507 Pennsylvania Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 12611

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 25 1889
4. Place of Birth, (Street and Number) 2026 E. Keyser
5. Full Name of Mother, Teresa Tudor
6. Mother's Maiden Name, Boeddeker
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo D. Tudor
9. Father's Occupation, Brick burner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J B Schwatka M. D.

Address, 1003 N Broadway

Remarks,

HEALTH DEPARTMENT BALTIMORE MD.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12612

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 25 June
4. Place of Birth, (Street and Number) 1124 Low St
5. Full Name of Mother, Yetta Warshofsky
6. Mother's Maiden Name, " Lewinsky
7. Mother's Birthplace, Poland
8. Full Name of Father, Elias Warshofsky
9. Father's Occupation, Taylor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1802 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 **A.** 12613

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 25 - 1889
4. Place of Birth, (Street and Number) 1014 Granby St.
5. Full Name of Mother, Jennie May Mc Lynn
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Mc Lynn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

HEALTH DEPARTMENT JUL 2 [illegible] BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12644

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1889

4. Place of Birth, (Street and Number) 1007 E. Eager

5. Full Name of Mother, Nellie Byrnes

6. Mother's Maiden Name, Mc Govern

7. Mother's Birthplace, Balto

8. Full Name of Father, Robt Byrnes

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. B. Schwatka M. D

Address, 1003 N. Broadway

Remarks,

JUL 2 1890

BALTIMORE CITY

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 126 10
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 25 — 89
4. Place of Birth, (Street and Number)	420 N Bethel
5. Full Name of Mother,	Lena Bicking
6. Mother's Maiden Name,	Lena Rumford
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gustav Bicking
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Daniel V Morgan MD
Address,	1200 N Eden St
Remarks,	City

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 25 — 1889.
4. Place of Birth, (Street and Number)	140 Patapsico st.
5. Full Name of Mother,	Caroline Bonhoff.
6. Mother's Maiden Name,	Bergthold.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Eberhardt Bonhoff.
9. Father's Occupation,	Captian
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 6 1889 BALTIMORE CITY HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-6-54

To the Office of Registrar of ~~Vital Statistics,~~ Board of Health, Baltimore City.

Name: Sidney Sonneberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child A 12617

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 25 — 1889.

4. Place of Birth, (Street and Number) 1025 Light st

5. Full Name of Mother, Bettie Sonneberg

6. Mother's Maiden Name, Stern.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Joe Sonneberg.

9. Father's Occupation, Notion-store.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Sohwasser Midwife

Address, 1032 Hanover st.

Remarks,

HEALTH DEPARTMENT JUL 6 1889 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child A 12618

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1889
4. *Place of Birth, (Street and Number)* William St. No. 1312
5. *Full Name of Mother,* Lawezia Bunn
6. *Mother's Maiden Name,* Lawezia Crow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Bunn
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A Tully

Address, No 1828 Light St

Remarks, doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 6 1889 BALTIMORE

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12619

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1889
4. Place of Birth, (Street and Number) 803 Columbus Ave
5. Full Name of Mother, Mary Elisabeth Schwartz
6. Mother's Maiden Name, Mary Elisabeth Knell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Anthony Schwartz
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hinkle

Address, 23 N Payson St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First - A 12624
1. *Sex* (state whether Male or Female)	Male -
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 25, 1889, 2.10 A.M.
4. *Place of Birth* (Street and Number)	758 Saratoga street -
5. *Full Name of Mother*	Ida Virginia Brownley
6. *Mother's Maiden Name*	Ida Virginia Jones
7. *Mother's Birthplace*	Baltimore, Md -
8. *Full Name of Father*	Francis Henry Brownley
9. *Father's Occupation*	Car Driver
10. *Father's Birthplace*	Accomac City, Md -
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M.D.
Address	714 N. Carey st.
Remarks	

Physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12621

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* June 25th 1889
4. *Place of Birth, (Street and Number)* Hargrove ally No 2219 Balto
5. *Full Name of Mother,* Emma Buckhannon
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Dont Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Archie Atkinson M.D.

Address, 2101 Md ave

Remarks, Mother unmarried

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12622

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 25th, 1889.
4. Place of Birth, (Street and Number) 236 N. Bluemount St.
5. Full Name of Mother, Mary Lotz
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lotz
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-17-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Abraham Max

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12/23

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 25. 1889.
4. Place of Birth, (Street and Number) 711 Fayett St.
5. Full Name of Mother, Jennie Max
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Max
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 12631
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 25 - 89
4. *Place of Birth, (Street and Number)*	2024 Orleans St
5. *Full Name of Mother,*	Virginia Waldon
6. *Mother's Maiden Name,*	" Herd
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Waldon
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allewell
Address,	912 McDonough St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1889
4. Place of Birth, (Street and Number) No 23 N Patterson Pk Ave
5. Full Name of Mother, Mina M Lucy
6. Mother's Maiden Name, Mina M Gardner
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry A Lucy
9. Father's Occupation, Book-keeper
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other Person who makes this Return. J T Spicknall M D

Address, 14 N Patterson Pk Ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12626

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & Third (twins)

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 26, 1889
4. *Place of Birth, (Street and Number)* 208 Spruce alley
5. *Full Name of Mother,* Margaret Gosz.
6. *Mother's Maiden Name,* Margaret Geyser
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Michael Gosz
9. *Father's Occupation,* coal trimmer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Lizerne

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth A 12624

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — — —
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* No 1927 McElderry Str.
5. *Full Name of Mother,* Katie Patterson
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Frank Patterson
9. *Father's Occupation,* Telegraph operator
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs L H Schultz

Address, No 528 S Washington

Remarks,

BALTIMORE, MD.

29 1909

Health, This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of any [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. (5th.)

A 12628

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), Negress.
3. Date of Birth, 9.40 A.M., June 26th., 1889.
4. Place of Birth (Street and Number), 1205 Smith St.
5. Full Name of Mother, Lucy Dyer.
6. Mother's Maiden Name, Norris.
7. Mother's Birthplace, Baltimore Co., Md.
8. Full Name of Father, Samuel Dyer (Deceased).
9. Father's Occupation, Quarry-man.
10. Father's Birthplace, Baltimore Co., Md.

Name of Medical Attendant, or other person who makes this Return. Eugene L. Crutchfield, M.D.,

Address, 921 N. Carrollton Ave.,

Remarks, Baltimore, Md.

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD. JUN 1 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 12629
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 26 - 89
4. Place of Birth, (Street and Number)	111 Granby St
5. Full Name of Mother,	Barbara A. Tenison
6. Mother's Maiden Name,	" " Rodgers
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John E. Tenison
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Colored A. 1630

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 26 A. 1889

4. *Place of Birth, (Street and Number)* Baltimore 1914 Thames St.

5. *Full Name of Mother,* Ellen Kusk

6. *Mother's Maiden Name,* Ellen Dickson

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* John Kusk

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Laura Smith

Address, 1447 Black St

Remarks,

Under a like charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

6 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12631

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26d 1889
4. Place of Birth, (Street and Number) Font-hill avenue
5. Full Name of Mother, Kate Wannenweteh
6. Mother's Maiden Name, Kate Ritter
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, John Wannenweteh
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d **A.** 12632

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday June 26th 1889
4. *Place of Birth, (Street and Number)* No 30 Landwehr Lane.
5. *Full Name of Mother,* Lizzie Bosley
6. *Mother's Maiden Name,* Lizzie Feltmenden
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Bosley
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Holl

Address, No 349 Bentalve St

Remarks,

HEALTH DEPARTMENT JUL 2 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace McCullough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A** 12833

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 June 1889
4. *Place of Birth, (Street and Number)* 124 N. Bond St
5. *Full Name of Mother,* Katie ~~McCullen~~ McCullough
6. *Mother's Maiden Name,* " ~~Weiss~~ White
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* David ~~McCullen~~ McCullough
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address 1802 Holland St

Remarks, CERTIFICATE CORRECTED 7-30-52.

REGISTRAR OF VITAL STATISTICS JUL 2 1889 BALTIMORE

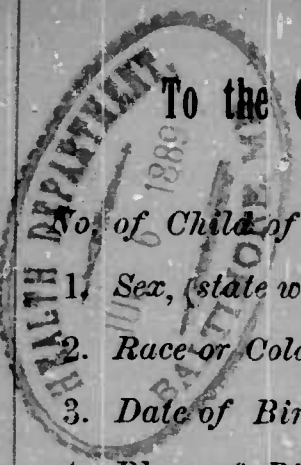
Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 6 1889 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3A 12634

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26/89
4. Place of Birth, (Street and Number) No. 901 7th St Hislandtown
5. Full Name of Mother, Mary Gardner
6. Mother's Maiden Name, Kalt
7. Mother's Birthplace, Germany
8. Full Name of Father, George Gardner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No. 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife or practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a regular physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 12635

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th
4. Place of Birth, (Street and Number) 101 N. Eden St
5. Full Name of Mother, Mary Alexander
6. Mother's Maiden Name, Mary Denbaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Alexander
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

BEN. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12636

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 27 1899
4. *Place of Birth, (Street and Number)*	2503 Eastern Avenue
5. *Full Name of Mother,*	Katherine Colbert
6. *Mother's Maiden Name,*	Katherine Jutt
7. *Mother's Birthplace,*	Anne Arundel Co.
8. *Full Name of Father,*	Benjamin Colbert
9. *Father's Occupation,*	Can-maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary G. Savayne
Address,	726 Luzerne St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12637

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race)
3. Date of Birth, June 27th 1889
4. Place of Birth, (Street and Number) 701 Albemarle st.
5. Full Name of Mother, Katie Stalm
6. Mother's Maiden Name, " " Disler
7. Mother's Birthplace, Md
8. Full Name of Father, Andrew Stalm
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Miss Olga Betz

Address, 1747 Park st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12638

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 27 of June 1887
4. *Place of Birth, (Street and Number)* No 934 North Eutaw
5. *Full Name of Mother,* Theresa Creighton
6. *Mother's Maiden Name,* Theresa Callahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John T. Creighton
9. *Father's Occupation,* Telephone operator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Sauer

Address, No 1057 Harford Ave

Remarks, Bal Md 1887

JUL 2 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12529

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Orne
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	June 27th 1889
4. *Place of Birth, (Street and Number)*	Baltimore Md 519 Eden street
5. *Full Name of Mother,*	Annie E Taylor
6. *Mother's Maiden Name,*	Annie E Tomas
7. *Mother's Birthplace,*	Dorchester County Maryland
8. *Full Name of Father,*	Francies Taylor
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Easten shore Va
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Sayles
Address,	# 807 Madison Alley
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 — A 12140

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27 — 1899
4. Place of Birth, (Street and Number) 1089 Granby St.
5. Full Name of Mother, Caroline Dittig
6. Mother's Maiden Name, Krentzer
7. Mother's Birthplace, Germany
8. Full Name of Father, August Dittig
9. Father's Occupation, Cutler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fort St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to report [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th **A.** 12641

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27th
4. *Place of Birth, (Street and Number)* 523 S. Ann St
5. *Full Name of Mother,* Katy Dangerl
6. *Mother's Maiden Name,* Katy Sergal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sigmond Dangerl
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 A 17 6 1/2
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colord
3. *Date of Birth,*	June 27 1889
4. *Place of Birth (Street and Number),*	526 walnut alley
5. *Full Name of Mother,*	Ellen young
6. *Mother's Maiden Name,*	Ellen Boston
7. *Mother's Birthplace,*	South river Annerandel Ct
8. *Full Name of Father,*	William H young
9. *Father's Occupation,*	Lod Carier
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Maryann Hudson
Address,	537 walnut alley
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are now by law recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 6th Child A 12643

1. *Sex,* (*state whether male* ~~*or female*~~) .....
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 27th 1889
4. *Place of Birth,* (*Street and Number*) N. Bond St No 802
5. *Full Name of Mother,* Maria Baer
6. *Mother's Maiden Name,* Maria Miller
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Peter Baer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 914

Remarks, ...

HEALTH DEPARTMENT BALTIMORE MD

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 17141
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	June 27 1889
4. Place of Birth (Street and Number),	508 union St
5. Full Name of Mother,	Lizzie Smith
6. Mother's Maiden Name,	Lizzie Dorsey
7. Mother's Birthplace,	Gunpowder Neck
8. Full Name of Father,	Frankis Smith
9. Father's Occupation,	waiter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Maryann Mason
Address,	537 Walnut alley
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovorable.

The Baltimore Publishing Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth	A 17645
1. Sex, (state whether male or female)	Female	
2. Race or Color, (if not of the white race)	White	
3. Date of Birth,	27th day of June	
4. Place of Birth, (Street and Number)	725 Bond st.	
5. Full Name of Mother,	Ida Inay Keilholtz	
6. Mother's Maiden Name,	Ida Inay Smith	
7. Mother's Birthplace,	Maryland	
8. Full Name of Father,	George Washington Keilholtz	
9. Father's Occupation,	Painter	
10. Father's Birthplace,	Maryland	
Name of Medical Attendant, or other person who makes this Return.	Wm Bange	
Address,	711 Eastern Ave	
Remarks,		

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents of each child, if any shall have said schedule shall be delivered, duly signed by the person in charge, at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 12616

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 27th June
4. Place of Birth, (Street and Number) 879 Ramsay st
5. Full Name of Mother, Rosa Kensler
6. Mother's Maiden Name, Rosa Kuler
7. Mother's Birthplace, Hoffnung Germany
8. Full Name of Father, Adam Kensler
9. Father's Occupation, At Mount Clare
10. Father's Birthplace, Hoffnung Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Seebach

Address, 735 W Pratt street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 12647
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27th 89
4. *Place of Birth, (Street and Number)*	1139 Johnson St
5. *Full Name of Mother,*	Harriet Gallagher
6. *Mother's Maiden Name,*	Harriet Gillespie
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	John Gallagher
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	735 W Lombard St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or refuse fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Joseph Cohen

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 " A. 12618

1. Sex. (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 27 1889
4. Place of Birth, (Street and Number) 582 N Gay St
5. Full Name of Mother, Annie Cohen
6. Mother's Maiden Name, " Groff
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Cohen
9. Father's Occupation, Restaurant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Theodore Cooke M.D.

Address, 94 N Charles St

Remarks, GIVEN NAME ADDED. 8-11-53

L-M.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12644

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1889
4. Place of Birth, (Street and Number) 866 Vine st Balto City
5. Full Name of Mother, Freidrica ~~Streit~~ Scheeler
6. Mother's Maiden Name, Streit
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Scheeler
9. Father's Occupation, News paper Carrier
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, N. Popleton st 23 P

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12650

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. George Herman

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 27th 87
4. *Place of Birth, (Street and Number)* 846 Fawn St
5. *Full Name of Mother,* Annie Rudolph
6. *Mother's Maiden Name,* " Budder
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Rudolph
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

BALTIMORE CITY, 6 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9nd — A 12651
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 27th
4. *Place of Birth, (Street and Number)*	Scott 624
5. *Full Name of Mother,*	Katie Deems
6. *Mother's Maiden Name,*	Gorrig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lawrence Deems
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horigan
Address,	412 Scott St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A** 12652

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 27 of June 1889
4. *Place of Birth, (Street and Number)* 1516 Battery Ave. Baltimore
5. *Full Name of Mother,* Mrs James Kerney.
6. *Mother's Maiden Name,* Josie Crown
7. *Mother's Birthplace,* Frederick City
8. *Full Name of Father,* James Kerny.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Hancock Ind

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. O. MULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 12603
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	June 28 — 1889
4. Place of Birth, (Street and Number)	1616 Chew St
5. Full Name of Mother,	Barbara Peigil
6. Mother's Maiden Name,	" " Regek
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	John Peigil
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Children A 12654

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28th 1889.
4. *Place of Birth, (Street and Number)* Baltimore 1641 Thames St
5. *Full Name of Mother,* Elizabeth Goodhues
6. *Mother's Maiden Name,* Elizabeth Douglas.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Fredrick Goodhues.
9. *Father's Occupation,* Shipping Master.
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith.

Address, 1447 Black St

Remarks,

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 12655

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White American.
3. *Date of Birth,* June 28th 1889
4. *Place of Birth, (Street and Number)* 1718 John St
5. *Full Name of Mother,* Emily Howard
6. *Mother's Maiden Name,* Winchester
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Beale Howard
9. *Father's Occupation,* Clerk. Water Department
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay MD

Address, 9 E. Read St

Remarks,

HEALTH DEPARTMENT JUN 1 1889 BALTIMORE

[illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. **A.** 12658

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 28th.
4. *Place of Birth (Street and Number),* # 1150 Carroll St.
5. *Full Name of Mother,* Etta Crist.
6. *Mother's Maiden Name,* Ayers.
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Eugene R. Crist
9. *Father's Occupation,* Glass-blower
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, N. E. Cor. Columbia & Remont Ave.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child A 12607

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28th /89.
4. *Place of Birth, (Street and Number)* #418 Mulberry St.
5. *Full Name of Mother,* Eva Dietus.
6. *Mother's Maiden Name,* " " Fisher
7. *Mother's Birthplace,* Hessen
8. *Full Name of Father,* Frank. H Dietus.
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Beiern.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106. S. Monroe St.

Remarks,

BALTIMORE, MD.

JUL 5 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd " **A.** 12658

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday June 28th 1889
4. *Place of Birth, (Street and Number)* Baltimore, 1127 Mulberry St
5. *Full Name of Mother,* Emma Agnes Boarman
6. *Mother's Maiden Name,* " " Comegys
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George McAtee Boarman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappelton St

Remarks,

HEALTH DEPARTMENT JUL 5 1889 BALTIMORE, MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 A 12659
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	28th June
4. Place of Birth (Street and Number)	Baltimore 561 moores Alley
5. Full Name of Mother	Frances. Booze
6. Mother's Maiden Name	Frances. Smith
7. Mother's Birthplace	Calvert County md
8. Full Name of Father	David Booze
9. Father's Occupation	Driver
10. Father's Birthplace	Ann Fundal Co md
Name of Medical Attendant, or other Person who makes this Return.	Mary Ether Trip
Address	Moores Alley 537
Remarks	not any

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 — **A.** 12660

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 28. Juni.
4. *Place of Birth, (Street and Number)* 1239. Hare. street.
5. *Full Name of Mother,* Josefine Sherkofska.
6. *Mother's Maiden Name,* — Korda.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Josep. Korda.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Gemany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Lursemann.

Address, 1225 Hare street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12661

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1859
4. *Place of Birth, (Street and Number)* 618 George St
5. *Full Name of Mother,* Amelia Brown
6. *Mother's Maiden Name,* " Myer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rudolph A Brown
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, J L B

Remarks,

HEALTH DEPARTMENT

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Walsh

A 12662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th 189
4. *Place of Birth, (Street and Number)*	712 W. Cross St Balto City
5. *Full Name of Mother,*	Sarah Jane Walsh
6. *Mother's Maiden Name,*	Sarah Jane Otten
7. *Mother's Birthplace,*	United States
8. *Full Name of Father,*	John Joseph Walsh
9. *Father's Occupation,*	Superintendent of Chemical Fertilizers
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Wm Range
Address,	712 W. Cross St
Remarks,	GIVEN NAME ADDED 1-2-54
	L.M.

HEALTH DEPARTMENT BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th twins A 12663

1. *Sex, (State whether male or female)* Male and Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1889
4. *Place of Birth, (Street and Number)* Patapsco St No 1223
5. *Full Name of Mother,* Sarah Ann Buckly
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County M D
8. *Full Name of Father,* Ferguson Buckley
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Calvert county M D

Name of Medical Attendant, or other person who makes this Return. Ann E Smith

Address, No 102 Hamburg St

Remarks,

JUL 3 1889

BALTIMORE

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, if the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14 th A 12664
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Black
3. Date of Birth,	June 28 th 89
4. Place of Birth (Street and Number),	# 1122 Clarkson Alley
5. Full Name of Mother,	Susan Lander
6. Mother's Maiden Name,	Susan Johnson
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Edmond Lander
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Chas. M. Jeffers M.D.
Address,	~~# 48 E.~~ Montgomery St.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifory, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofor fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. A. 12665

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th
4. Place of Birth, (Street and Number) 1620 E. Fairmount Ave.
5. Full Name of Mother, Georgia Goetzke
6. Mother's Maiden Name, Georgia Dublon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Goetzke
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars which may be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 12661
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28th 89
4. *Place of Birth, (Street and Number)*	1528 Johnson St
5. *Full Name of Mother,*	Annie Dudley
6. *Mother's Maiden Name,*	Annie Arnold
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Isaac W. Dudley
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J. F. Phillips
Address,	735 W. Lombard St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-9-57

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Clarence Oram Harrington

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th A. 12667

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 28th 1889
4. Place of Birth, (Street and Number) 543 W. Townsend
5. Full Name of Mother, Annie R. Harrington
6. Mother's Maiden Name, " " Orem
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm C. Harrington
9. Father's Occupation, Upholstering
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Saml T. Earle M.D.

Address, 1431 Linden Ave

Remarks,

BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child A 12668

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 28 of June
4. Place of Birth, (Street and Number) 1708 Division St
5. Full Name of Mother, Elizboth Keal
6. Mother's Maiden Name, Elizbeth Prince
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josef Keal
9. Father's Occupation, Meschines
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Dohnley

Address, 1635 Little Walsh St

Remarks, None

BALTIMORE, MD.

JUL 2 1880

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. The manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. C. POLANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12619

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 28. 1889
4. Place of Birth (Street and Number), S. E. Hill St.
5. Full Name of Mother, Mary Clinton
6. Mother's Maiden Name, Crilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Clinton
9. Father's Occupation, Laborer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Scarborough

Address, 15 E. Montgomery St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT JUL 2

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child A. 1270

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28 th 1889
4. Place of Birth, (Street and Number) N. Eden St No 30
5. Full Name of Mother, Sophia Holl
6. Mother's Maiden Name, Sophia Lauterbach
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wilhelm Holl
9. Father's Occupation, Taylor
10. Father's Birthplace, Heiligkreuzsteinach (Baden) Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks, ...

HEALTH DEPARTMENT BALTIMORE

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-20-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Ruth Coleman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12671

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28 1889
4. Place of Birth, (Street and Number) Orlean St No 1412
5. Full Name of Mother, Katie Clara Coleman
6. Mother's Maiden Name Katie Clara Hobbs
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wallace Coleman
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — **A.** 12 672

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* June. 28th 189.
4. *Place of Birth, (Street and Number)* 1511. W. Lombard St.
5. *Full Name of Mother,* Hermie E. Woolf.
6. *Mother's Maiden Name,* " " Walker.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Edward J. Woolf.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 12673

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 28 1889
4. *Place of Birth, (Street and Number)* 713 Port St.
5. *Full Name of Mother,* Katherine Newman
6. *Mother's Maiden Name,* Katherine Link
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Newman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 721 Luzerne St

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE

[illegible] schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 13674

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1889
4. *Place of Birth, (Street and Number)* 39 E Montgomery St
5. *Full Name of Mother,* Mary A Schambach
6. *Mother's Maiden Name,* " " Murphy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schambach
9. *Father's Occupation,* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodna Cooke M.D.C. J.L.B.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19 teenth / 12 / 75

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown skin
3. *Date of Birth,* 29th of ~~June~~ 1889
4. *Place of Birth, (Street and Number)* Gilbert St 610
5. *Full Name of Mother,* Venereta L. Holiday
6. *Mother's Maiden Name,* Venereta L Brusco
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edward Johnson
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

list of the births which have occurred under [illegible] hereare during the month, and shall set forth as far as the same can be ascertained the full name of each child (if [illegible] shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and [illegible] and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] Officer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 12676

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) 225 N. Bond St
5. Full Name of Mother, Maggie Chum
6. Mother's Maiden Name, " Kesselring
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Chum
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1862 Holland St

Remarks,

HEALTH
JUL 2 1889
BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. **A** 12677

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* June 29.
4. *Place of Birth, (Street and Number)* 1225 Battrey Avenue
5. *Full Name of Mother,* Sophie Weiler.
6. *Mother's Maiden Name,* Bigher.
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Rorchus Weiler.
9. *Father's Occupation,* Grocirey.
10. *Father's Birthplace* Finnbook

Name of Medical Attendant, or other person who makes this Return. Mrs Conaway

Address, 1230 Battrey Ave.

Remarks,

HEALTH DEPARTMENT JUL 30 1888 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th Child A. 12678

1. *Sex,* (state whether male ~~or female~~)
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 29th 1889
4. *Place of Birth,* (Street and Number) N. Eden St No 705
5. *Full Name of Mother,* Louisa Wöhlke
6. *Mother's Maiden Name,* Louisa Fisher
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Conrad Wöhlke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 14

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12679

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), African.
3. Date of Birth, June 29th.
4. Place of Birth (Street and Number), 424 Moors Alley.
5. Full Name of Mother, Ida Holliday.
6. Mother's Maiden Name, same.
7. Mother's Birthplace, Longgreen Bally Co.
8. Full Name of Father, William Tyler. (Kinand)
9. Father's Occupation, Laborer.
10. Father's Birthplace, Not known.

Name of Medical Attendant, or other person who makes this Return. India M. Cochel.

Address, 1813 McCulloh St.

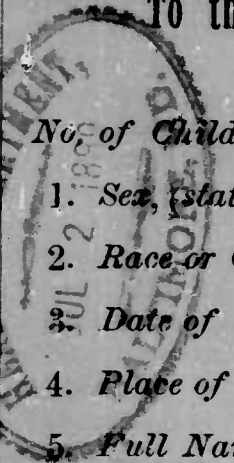
Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) A 12680

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) 720 S. Charles st.
5. Full Name of Mother, Lina Boss
6. Mother's Maiden Name, " Levy
7. Mother's Birthplace, Russia
8. Full Name of Father, Maurice Boss
9. Father's Occupation, Taylor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible] St.

Remarks,

HEALTH DEPARTMENT, JUL 2 1880 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-22-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorathea Assmann

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 2 A 12681

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29th. 1889
4. Place of Birth, (Street and Number) 1415 Hanover street.
5. Full Name of Mother, Minnie Assmann
6. Mother's Maiden Name, Presser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Assmann
9. Father's Occupation, Boxmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

JUL 2 1889 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT, JUL 2 1889 BALTIMORE, MD.

Name: George Edgar Springer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 17189

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 29th 1889
4. Place of Birth (Street and Number) No. 780 St. Peter Street
5. Full Name of Mother Elvie L. Springer
6. Mother's Maiden Name " " Thomas
7. Mother's Birthplace Maryland
8. Full Name of Father Eugene D. Springer
9. Father's Occupation Carpenter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M. D.

Address No. 502 N. Carey St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd	A. 17683
1. *Sex, (state whether male or female)*	Male	
2. *Race or Color, (if not of the white race)*	White	
3. *Date of Birth,*	January 29 — 89	
4. *Place of Birth, (Street and Number)*	540 Canal	
5. *Full Name of Mother,*	Ida Peacock	
6. *Mother's Maiden Name,*	Ida Witley	
7. *Mother's Birthplace,*	Balt	
8. *Full Name of Father,*	Frank Peacock	
9. *Father's Occupation,*	Huckster	
10. *Father's Birthplace,*	Balt	
Name of Medical Attendant, or other person who makes this Return.	Daniel V Moyer MD	
Address,	1200 N Eden St	
Remarks,	City	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth child A 17684

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 29 1889
4. *Place of Birth, (Street and Number)* Green Willow court
5. *Full Name of Mother,* Harriet Shipley
6. *Mother's Maiden Name,* Ashton
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Albert Shipley
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Montgomery County

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street

Remarks,

HEALTH DEPARTMENT, JUN 29 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd **A.** 12685

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1889
4. *Place of Birth, (Street and Number)* 1358 Stockton St
5. *Full Name of Mother,* Kate Yinger
6. *Mother's Maiden Name,* Woods
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Yinger
9. *Father's Occupation,* Market Huckster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks,

HEALTH DEPARTMENT 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 12686

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 29th 9 10 P. M. 1889
4. *Place of Birth, (Street and Number)* 434 Townsend St
5. *Full Name of Mother,* Emily Snyder
6. *Mother's Maiden Name,* E. Roczniak
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm Louis Snyder
9. *Father's Occupation,* Commissioner Merchant
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. James E. Downelle M.D.

Address, 1701 E Baltimore St

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. SULAHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D. **A.** 12687

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June of 29th
4. Place of Birth, (Street and Number) 405 Pasa: Str.
5. Full Name of Mother, Maggi Osterloh
6. Mother's Maiden Name, Maggi Gebhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodor Osterloh
9. Father's Occupation, Zigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Auguste Bozien

Address, 3 Henrietta: Str.

Remarks,

JUL 5 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One **A.** 12688

1. *Sex, (state whether male or female)* ~~Colored~~ Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 29/89.
4. *Place of Birth, (Street and Number)* 416 New St
5. *Full Name of Mother,* Amy Cooper
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Clark Co Berryville Va
8. *Full Name of Father,* Henry Williams
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Amelia Pansa

Address, 930 Eutaw Street

Remarks,

BEST DEPARTMENT, JUL 5 1889 BALTIMORE MD

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12689

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29, 89
4. *Place of Birth, (Street and Number)* 875 W Franklin
5. *Full Name of Mother,* Carrie Brock
6. *Mother's Maiden Name,* " Arnold
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Philip Brock
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto:

Name of Medical Attendant, or other Person who makes this Return J Mason Hundley

Address, 1002 Edmondson Ave

Remarks,

HEALTH DEPARTMENT JUL 5 1889 BALTIMORE, MD.

Sacker of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & ASC., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	2 Child A. 12690
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	June 30th 1889.
4. *Place of Birth,* (*Street and Number*)	#111 N. Fremont St.
5. *Full Name of Mother,*	Annie Huber.
6. *Mother's Maiden Name,*	" " Sperlein
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	George P. Huber
9. *Father's Occupation,*	Clothing Cutter,
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 12691

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3 ch
4. *Place of Birth, (Street and Number)* 1334 Aisquith St
5. *Full Name of Mother,* Lotte Brehm
6. *Mother's Maiden Name,* Lotte Bender
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Brehm
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Address, Hellingonda Dlyer

Remarks, 641 So Gaza St

HEALTH DEPARTMENT, BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sun June 30th 1889
4. *Place of Birth, (Street and Number)* No 233 Frederick Ave.
5. *Full Name of Mother,* Mary Schreiba
6. *Mother's Maiden Name,* Mary Douglas
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Julius Schreiba
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Doll

Address, No 349 Bentalou St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd A. 12693

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 June 1859
4. *Place of Birth, (Street and Number)* 605. Second St. City
5. *Full Name of Mother,* Mrs. Jennie Simcoe
6. *Mother's Maiden Name,* Jennie Mc Mann
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Albert Simcoe
9. *Father's Occupation,* Bar Tender
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Susan Houston

Address, 23 N. Payson St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4d. A. 12694
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White. race
3. *Date of Birth,*	June. 30/89.
4. *Place of Birth, (Street and Number)*	No. 1524 Hanover St.
5. *Full Name of Mother,*	Sarah. E. Craig
6. *Mother's Maiden Name,*	" " Hyss.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Theadore. Craig
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie. Geems.
Address,	No. 1714. Light. St.
Remarks,	Yours. Respectfully

HEALTH DEPARTMENT, JUN 5 1890 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 10th **A.** 12695

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* ~~Colored~~ African
3. *Date of Birth,* June 30' 89
4. *Place of Birth, (Street and Number)* 310 E Baltimore St
5. *Full Name of Mother,* Jane Matthews Marshall
6. *Mother's Maiden Name,* Jane Matthews
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* John Marshall
9. *Father's Occupation,* Laborer (died Oct 1888)
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. Wm F. Smith M.D

Address, City Hospital

Remarks, Child born in Alley while mother on way to Maternity Hospital — Arrived after birth.

HEALTH DEPARTMENT JUL 3 1889 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 12696

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* June the 30th
4. *Place of Birth, (Street and Number)* Baltimore Covington St no norm
5. *Full Name of Mother,* Miney Johnson
6. *Mother's Maiden Name,* Selters
7. *Mother's Birthplace,* germaney
8. *Full Name of Father,* Charles W Johnson
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light St

Remarks,

HEALTH DEPARTMENT, JUL 3 1899 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth **A** 17697
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 30 — 89
4. *Place of Birth, (Street and Number)*	1712 Barnes St
5. *Full Name of Mother,*	Emma. Arnett
6. *Moiher's Maiden Name,*	" Budd
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles G. Arnett
9. *Father's Occupation,*	Car. Conductor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

A 12598

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, June 30 1889
4. Place of Birth, (Street and Number) 1642 Barnes
5. Full Name of Mother, Anna Shimek
6. Mother's Maiden Name, " Slama
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Philip Shimek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. A. 12,599

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 30, 1889
4. *Place of Birth, (Street and Number)* 636 Burke St.
5. *Full Name of Mother,* Annie Dolby
6. *Mother's Maiden Name,* Annie Seifert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Augustus Dolby
9. *Father's Occupation,* Puddler
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

HEALTH DEPARTMENT BALTIMORE MD. JUL 1 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th **A.** 12700

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June 30, 1889
4. *Place of Birth, (Street and Number)* 110 3 Chesapeake St.
5. *Full Name of Mother,* Mary Alvather
6. *Mother's Maiden Name,* Mary Burkhart
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Joseph Alvather
9. *Father's Occupation,* Black-smith
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

HEALTH DEPARTMENT, JUN 1889 BALTIMORE CO.

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 12701
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 89
4. *Place of Birth, (Street and Number)*	1607 Madison Ave.
5. *Full Name of Mother,*	Florence Straus
6. *Mother's Maiden Name,*	Florence Rayner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jos. L. Straus
9. *Father's Occupation,*	National Brewing
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return.	H. Jenkins
Address,	100 Cathedral St
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12702

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30 1889
4. *Place of Birth, (Street and Number)* 934 N. Wolfe
5. *Full Name of Mother,* Annie Stockois
6. *Mother's Maiden Name,* Lehmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Abraham Stockois
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

[illegible] list of the births which have occurred under his or her care during [illegible] shall set forth as far as the same can be ascertained the full name of each child (if any shall have been [illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, [illegible]

[illegible]ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. JUL 2 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 12703

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 June
4. Place of Birth, (Street and Number) 138 Cross St.
5. Full Name of Mother, Emma Neiman
6. Mother's Maiden Name, " Seebo
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Neiman
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd B 127014
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 30th, 1889
4. Place of Birth, (Street and Number)	1418 Orleans St.
5. Full Name of Mother,	Hallie Besser
6. Mother's Maiden Name,	Isey
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Jacob Besser
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs. J. Tissot
Address,	23 N. Eden St.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 12/05

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 30/87
4. *Place of Birth, (Street and Number)* 602 Parkins St.
5. *Full Name of Mother,* Lenelle Bauhaus
6. *Mother's Maiden Name,* Lenelle Greenwell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Bauhaus
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. Boyd

Address, 677 Columbia Ave.

Remarks,

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A 1270
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1889
4. *Place of Birth, (Street and Number)*	Winder st no 110
5. *Full Name of Mother,*	Anne Link
6. *Mother's Maiden Name,*	Anne Sypnoan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Link
9. *Father's Occupation,*	Fishermen
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. J. Fulby
Address,	no 1828 Light st
Remarks,	doing well

WM. J. R. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Herman Guttman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 1907

1. Sex, (state whether male or female) Male ~~Female~~
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8th 07.
4. Place of Birth, (Street and Number) No 524 Louisianna St.
5. Full Name of Mother, Mary Guttmann
6. Mother's Maiden Name, ~~Bastle~~ Budde
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hermann Guttmann
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 40 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 17708
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 30, 1889
4. *Place of Birth, (Street and Number)*	725 Bruen St.
5. *Full Name of Mother,*	Martha Edwards
6. *Mother's Maiden Name,*	Martha Hall
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Edwards
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary D. Sudgate
Address,	726 Luzerne St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th **A** 12709

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th June 1889
4. *Place of Birth, (Street and Number)* 427 Clement St
5. *Full Name of Mother,* Clara V League
6. *Mother's Maiden Name,* Lemon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas H League
9. *Father's Occupation,* Calker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yerwell

Address, 516 Fort Ave

Remarks,

HEALTH DEPARTMENT, JUL 2 1889 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B A 12710

1. *Sex, (~~state~~ whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 30th June
4. *Place of Birth, (Street and Number)* 632 S. Fremont str.
5. *Full Name of Mother,* Katie Schmidt
6. *Mother's Maiden Name,* Katie Heiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Schmidt.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Miss Bange

Address, 711 Brown St

Remarks,

HEALTH DEPARTMENT JUL 2 1898 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth A. 12711

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1-89
4. *Place of Birth, (Street and Number)* 724 Layfayette Ave
5. *Full Name of Mother,* Sarah E. Elliott
6. *Mother's Maiden Name,* " " Hickew
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm E. Elliott
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 W. Donogh St

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 12712
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	1st June 1889
4. *Place of Birth, (Street and Number)*	903 Hope Alley
5. *Full Name of Mother,*	Mary Lucretia Sebley
6. *Mother's Maiden Name,*	Harrison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Stephen Sebley
9 *Father's Occupation,*	Edge maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gerrell
Address,	516 Port Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 12713

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 1st 1889
4. *Place of Birth, (Street and Number)* Park Ave. Woodberry, Balt.
5. *Full Name of Mother,* Frances Ann Beecher
6. *Mother's Maiden Name,* Frances Ann Baker
7. *Mother's Birthplace,* Penna.
8. *Full Name of Father,* Elias Beecher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 119 - 38 Ave. Woodberry, Balt. Md.

Remarks, Number not indicated.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 12764
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1889
4. *Place of Birth, (Street and Number)*	101½ W. Saratoga, str
5. *Full Name of Mother,*	Ella Sachs
6. *Mother's Maiden Name,*	Ella Goldstein
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	John A. Sachs
9. *Father's Occupation,*	Book-Keeper
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	735 N Pratt st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12715

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, June 1st 1889
4. Place of Birth, (Street and Number) 108 Amity St
5. Full Name of Mother, Maggie V. Hilleger
6. Mother's Maiden Name, " " Waver
7. Mother's Birthplace, City
8. Full Name of Father, Charles W. Hilleger
9. Father's Occupation, Baker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Batz

Address, 1714 Baker St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 12716
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 2nd 1889
4. *Place of Birth, (Street and Number)*	407 Short St
5. *Full Name of Mother,*	R. Moore
6. *Mother's Maiden Name,*	R. Johnson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	L. D. Moore
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butler
Address,	1245 E. Monument St. cor Central ave.
Remarks,	Ill Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child A. 12 717
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1889
4. *Place of Birth, (Street and Number)*	Hanover st no 1706
5. *Full Name of Mother,*	E. d. Blos
6. *Mother's Maiden Name,*	E. d. Dickson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Blos
9. *Father's Occupation,*	Brick Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. A. Tully
Address	No. 1328 Light st
Remarks,	doing well

HEALTH DEPARTMENT JUL 6 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 12718
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2nd 1889
4. *Place of Birth, (Street and Number)*	1606 Presbury St
5. *Full Name of Mother,*	Lucy Fox
6. *Mother's Maiden Name,*	O'Brien
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Samuel Fox
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler MD
Address,	2100 Druid Hill Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-12-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Francis Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 13 719

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2 - 89
4. Place of Birth, (Street and Number) 1762 Preston St
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, " Blackburn
7. Mother's Birthplace, Md
8. Full Name of Father, Frank. Smith
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12720

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1889
4. *Place of Birth, (Street and Number)* 1906 Wm Elderry St
5. *Full Name of Mother,* Carrie Lauer
6. *Mother's Maiden Name,* Buschman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Lauer
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M D

Address, S E Cor Caroline & Eager Sts

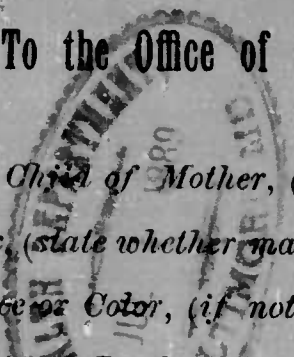
Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 12721
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 3 - 89
4. *Place of Birth, (Street and Number)*	618 N. Caroline St
5. *Full Name of Mother,*	Olivia C. Hooper
6. *Mother's Maiden Name,*	" " Hamill
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Walter. Hooper
9. *Father's Occupation,*	Shoe Dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwes
Address,	912 Mc Donogh St
Remarks,	

Master of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child A 12732

1. *Sex, (State whether male or female)* Famale
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 3rd of June
4. *Place of Birth, (Street and Number)* Brooklan A. county
5. *Full Name of Mother,* Mary Frances Bally
6. *Mother's Maiden Name,* Mary Frances Benson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bally
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, no 1828 Light st

Remarks, doing well

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12723

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 June
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Elisabeth Lober
6. *Mother's Maiden Name,* Dillmann
7. *Mother's Birthplace,*
8. *Full Name of Father,* Georges Lober
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT BALTIMORE MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during t
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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and t
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third day of each and every month to the office of the Commissioner of Health. In case the birth of any chi
shall occur without the attendance of a physician or midwife, or should no other person be
attendance upon the mother immediately thereafter it shall become the duty of the person or parents of the
child to report its birth to the Commissioner of Health in the manner and within the period above required.
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be an
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 — A. 12724

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 2nd 1888
4. Place of Birth, (Street and Number) 216 Register st
5. Full Name of Mother, Mary Kussner
6. Mother's Maiden Name, " " Bauer
7. Mother's Birthplace, City
8. Full Name of Father, Frederick Kussner
9. Father's Occupation, Type setter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1717 Bank st.

Remarks,

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 13725

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Kate A. Smith
6. Mother's Maiden Name, do
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, 115 W. Lombard

Remarks,

BALTIMORE MD. JUL 2 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then it shall be the duty of the person in attendance upon the mother, immediately thereafter to make the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12728

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boys
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 4th Juni
4. *Place of Birth, (Street and Number)* Castle Str: # 30.
5. *Full Name of Mother,* Eva Herold
6. *Mother's Maiden Name.* Eva Eiring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Eiring
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, Midwife

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12727

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 4. 1889
4. *Place of Birth, (Street and Number)* 1402 N. Bond
5. *Full Name of Mother,* Mary Ressler
6. *Mother's Maiden Name,* " —
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Prof. Ressler
9. *Father's Occupation,* Music Teacher
10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other Person who makes this Return Chas. W. Neff

Address. 763 W. Fayette 8

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 12728

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4th.
4. *Place of Birth, (Street and Number)* 910 Warner St.
5. *Full Name of Mother,* Mary Mally Spencer
6. *Mother's Maiden Name,* Mary Muller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Spencer
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks,

HEALTH DEPARTMENT, JUL 2 1880, BALTIMORE, MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13729
3 2 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2 1

1. *Sex, (state whether male or female)* Male female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of Juny
4. *Place of Birth, (Street and Number)* 200 S Christian Str.
5. *Full Name of Mother,* Sara Franklin
6. *Mother's Maiden Name,* Sara Winicor
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Eisac Franklin
9. *Father's Occupation,* Zinner
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return. Friederiake Keuler midwife

Address, 2116 West Pratt St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH JUN 1 1899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 12730

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, June 4th 1889.
4. Place of Birth, (Street and Number) 574 Union St, Balto, Md.
5. Full Name of Mother, Annie Loyd.
6. Mother's Maiden Name, Annie Loyd.
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Hawkins
9. Father's Occupation, Hostler.
10. Father's Birthplace, St. Marys County, Md.

Name of Medical Attendant, or other person who makes this Return. Isabella K Godfrey M. D.

Address, 104 E. Madison St.

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE CITY

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12731

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 4th 1889
4. Place of Birth, (Street and Number) 882 W. Lombard St.
5. Full Name of Mother, Emma Watkins
6. Mother's Maiden Name, Emma Heimiller
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harry B. Watkins
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address, 639 N. Franklin St.

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-15-60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Pennington

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) A. 12732

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 4th 1889.
4. Place of Birth, (Street and Number) 327 N Charles St
5. Full Name of Mother, Estelle Pennington
6. Mother's Maiden Name, " Dunbracco.
7. Mother's Birthplace, Queen Anne's Co. Md
8. Full Name of Father, Samuel C. Pennington
9. Father's Occupation, Dentist
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson M.D.

Address, 2101 Maryland Avenue

Remarks, Chloroform Cor of 2d St

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A 12733
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 4th 1889
4. *Place of Birth, (Street and Number)*	706 Druid Hill Ave.
5. *Full Name of Mother,*	Philopena Schmidt
6. *Mother's Maiden Name,*	Steinbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Schmidt
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who make this Return,	S. H. Seldner M.D.
Address,	S. E. Cor Caroline & Eager Sts
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 12734

1. *Sex, (state whether male or female)* M.
2. *Race or Color; (if not of the white race)* W.
3. *Date of Birth,* June 4th 1889
4. *Place of Birth, (Street and Number)* 941 N. Durham
5. *Full Name of Mother,* Josepa Shimanek
6. *Mother's Maiden Name,* " " Benda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Shimanek
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. All fines and forfeitures are recoverable.

BALTIMORE MD. MAY 1 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12736

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5. 1889.
4. Place of Birth, (Street and Number) 2108 E. Batt st
5. Full Name of Mother, Bettie Hudson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hudson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Lucille Bernstein

Address, 122 S. Exeter st

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 12736

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5. 1889
4. Place of Birth, (Street and Number) 234 S. Edenstr
5. Full Name of Mother, Maggie Hamet
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franck Hamet
9. Father's Occupation, Lebover
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeterstr

Remarks,

JUL 1 1889
BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, [illegible] fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12737

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) 1314 Asquith st
5. Full Name of Mother, Florence Glorious
6. Mother's Maiden Name, " Baird
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Glorious
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 940 N. Gay st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d A 12738

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1889
4. *Place of Birth, (Street and Number)* 1719 N. Bond St
5. *Full Name of Mother,* Mary A Hoddinott
6. *Mother's Maiden Name,* " " Fresh berger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* C. E. Hoddinott
9. *Father's Occupation,* Carriage Smith
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Margaret A Boroman

Address, 1719 N Bond St

Remarks,

BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-13-86

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine Gundel 1st

A. 12739

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, June 5th 1889
4. Place of Birth, (Street and Number) 1129 Pennsylvania Ave
5. Full Name of Mother, Annie Gundel
6. Mother's Maiden Name, " Rohlfing
7. Mother's Birthplace, City
8. Full Name of Father, Geo Gundel
9. Father's Occupation, barber
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. J C Burch MD

Address, 511 Hanover St

Remarks,

HEALTH DEPARTMENT JUL 3 1888 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June the 6th 1889
4. *Place of Birth, (Street and Number)*	Ostend st, No 133
5. *Full Name of Mother,*	Ellen Parks
6. *Mother's Maiden Name,*	Ellen Johnston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ephriam Parks
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. T. Tully
Address,	No. 1828 Light st
Remarks,	doing well

HEALTH DEPARTMENT BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 1 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 = A 12741
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	945 Chester St.
4. Place of Birth, (Street and Number)	June 6th 1899
5. Full Name of Mother,	Aloizie Babizky
6. Mother's Maiden Name,	Brusak
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Jr. Babicky
9. Father's Occupation,	Bohemia
10. Father's Birthplace,	Tailor
Name of Medical Attendant, or other person who makes this Return.	Josephine Conard
Address,	1621 Barnes
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this subject to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are by law recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH JUL 1 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12742

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1889
4. *Place of Birth, (Street and Number)* Baltimore Maryland, 530 Dolphin St
5. *Full Name of Mother,* Margaret Elizabeth Taylor.
6. *Mother's Maiden Name,* Margaret Elizabeth Hurley.
7. *Mother's Birthplace,* Dorchester County Maryland.
8. *Full Name of Father,* Henry Franklin Taylor.
9. *Father's Occupation,* In the railroad business.
10. *Father's Birthplace,* Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. Isabella K Godfrey M.D.

Address, 104 E. Madison St.

Remarks, Name of child. Rose Taylor.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 6 Juni
4. *Place of Birth, (Street and Number)* 1221. Hare street.
5. *Full Name of Mother,* Johana Koprofska
6. *Mother's Maiden Name,* ——— Stopki
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Stopki
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann.

Address, 1225 Hare street.

Remarks,

HEALTH DEPARTMENT

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6-16-54

A 127441

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Albert Carmine 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1889
4. Place of Birth, (Street and Number) 1903 E. Biddle
5. Full Name of Mother, Mary Carmine
6. Mother's Maiden Name, Fiet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Albert Carmine
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M. D.

Address, 1003 N. Broadway

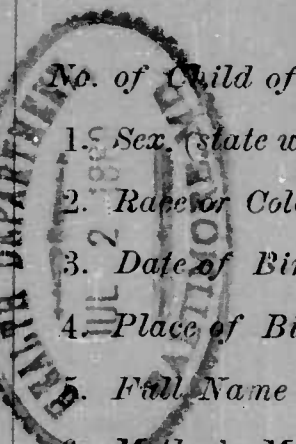
Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly attested by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 12745

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, June. 6th 1889
4. Place of Birth, (Street and Number) 115. W. Lombard.
5. Full Name of Mother, } Lucy Vessels
6. Mother's Maiden Name, }
7. Mother's Birthplace, Va
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, 115 W Lombard

Remarks,

HEALTH DEPARTMENT JUL 2 1889 BALTIMORE, MD.

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edward Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 12746

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1889
4. *Place of Birth, (Street and Number)* 108 S. Monroe St.
5. *Full Name of Mother,* Kate J. Smith
6. *Mother's Maiden Name,* Hooper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. T. Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor. GIVEN NAME ADDED 4-29-53

HEALTH DEPARTMENT, BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th A. 12747

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1889
4. *Place of Birth, (Street and Number)* 942 Hilton Place
5. *Full Name of Mother,* Mary Gauze
6. *Mother's Maiden Name,* Mary Lickey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Gauze
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wesenfeld

Address, 1507 Pennsylvania Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be collected as other fines and forfeitures are recoverable.

BALTIMORE JUL 1 1889 HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

BALTIMORE HEALTH DEPARTMENT JUL 20 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12748

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 7th 1889
4. *Place of Birth, (Street and Number)* 115. N Fremont
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Yates
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115. N Fremont,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. A 12749

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Friday June 7th. 1889
4. *Place of Birth, (Street and Number)* 1602 E. North Ave.
5. *Full Name of Mother,* Elizabeth R. Poole
6. *Mother's Maiden Name,* Elizabeth R. Hewitt.
7. *Mother's Birthplace,* Savannah Ga
8. *Full Name of Father,* Edwin Lewis Poole,
9. *Father's Occupation,* Electrician
10. *Father's Birthplace,* Balto. Md,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Chard St. & Forrest Place

Remarks,

BALTIMORE DEPARTMENT OF HEALTH

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 12750
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7 1889
4. *Place of Birth, (Street and Number)*	589 Central ave
5. *Full Name of Mother,*	M. Miller
6. *Mother's Maiden Name,*	M. Marchel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. Miller
9. *Father's Occupation,*	Show-case maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Budd
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	All White.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

Minna Luckhart

A 12751

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* june the 7th 4th, 1889.
4. *Place of Birth, (Street and Number)* Baltimore fort av 1009
5. *Full Name of Mother,* Mary luckhart
6. *Mother's Maiden Name,* lacser
7. *Mother's Birthplace,* germaney
8. *Full Name of Father,* Chistafer luckhart
9. *Father's Occupation,* labour
10. *Father's Birthplace,* germaney

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light st

Remarks, GIVEN NAME ADDED 5-26-52

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First **A.** p 752

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 7th of June
4. *Place of Birth, (Street and Number)* 1622 Frederick Av.
5. *Full Name of Mother,* Pauline Hendrichs
6. *Mother's Maiden Name,* " " Buchsbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E. Hendrichs
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lindner

Address, #106 S. Monroe St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* female — A. 12753
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 7th of June
4. *Place of Birth, (Street and Number)* Church St. No 7
5. *Full Name of Mother,* Lizzy Cross
6. *Mother's Maiden Name,* E. Travers
7. *Mother's Birthplace,* Taylors Island
8. *Full Name of Father,* Charls Cross
9. *Father's Occupation,* Comon labor on the Wharfs
10. *Father's Birthplace,* Charlston South Carolina

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Child A 12754
1. *Sex, (State whether male or female)*	~~White~~ female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 7th 1899
4. *Place of Birth, (Street and Number)*	133 Gilmor St
5. *Full Name of Mother,*	Annie R Roberts
6. *Mother's Maiden Name,*	" " Henry
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno Roberts
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	G A Lewis
Address,	602 Hanover St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

M

A 12753

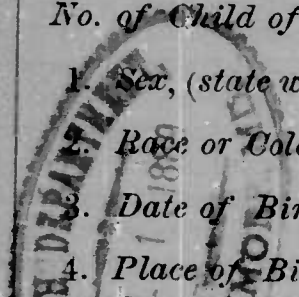
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 9th
4. *Place of Birth, (Street and Number)*	515 N Lee St
5. *Full Name of Mother,*	Lydia Tall
6. *Mother's Maiden Name,*	" Scrivener
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Ind. L. Tall
9. *Father's Occupation,*	Trimmer
10. *Father's Birthplace,*	Dorchester Co
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch M.D.
Address,	511 Hanover St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 12758

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 7. 1889
4. Place of Birth, (Street and Number) 812 N. Durham
5. Full Name of Mother, Francesca Conpal
6. Mother's Maiden Name, " " Vanik
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Conpal
9. Father's Occupation, Butcher
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12757

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* June 7th. 1889

4. *Place of Birth, (Street and Number)* 2101 N. Calvert

5. *Full Name of Mother,* Helen Buttler

6. *Mother's Maiden Name,* " Bigelow

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Frank Butler

9. *Father's Occupation,* Teacher

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return Chas. N. Webb

Address. 763 N. Eutaw

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. A. 12758

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth 7 Jun.
4. Place of Birth, (Street and Number) 1626. Elisabet Lon
5. Full Name of Mother, Louiso. Boesch.
6. Mother's Maiden Name, Berger.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Fred. Boesch
9. Father's Occupation,
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 800 Leadenhall St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th	A. 12759
1. Sex, (state whether male or female)	Male	
2. Race or Color, (if not of the white race)		
3. Date of Birth,	7th June 1884	
4. Place of Birth, (Street and Number)	1439 Johnson St	
5. Full Name of Mother,	Ida Shumlert	
6. Mother's Maiden Name,	Holmes	
7. Mother's Birthplace,	Baltimore	
8. Full Name of Father,	Peter H Shumlert	
9. Father's Occupation,	Machinist	
10. Father's Birthplace,	Baltimore	
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gerrell	
Address,	516 Fort Ave	
Remarks,		

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A 12760

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1889
4. *Place of Birth, (Street and Number)* 30 S. Carrollton Ave
5. *Full Name of Mother,* Augusta Thomas
6. *Mother's Maiden Name.* Born
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John R. Thomas
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 W Lombard St

Remarks, Natural Labor. Labor took place Prematurely at about 8th Month of Gestation

HEALTH DEPARTMENT, BALTIMORE, MD.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth. A 12761

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* June 7th 1889
4. *Place of Birth, (Street and Number)* #2022 E. Jefferson st.
5. *Full Name of Mother,* Elizabeth Catharine Merriken.
6. *Mother's Maiden Name,* Elizabeth C. Lee.
7. *Mother's Birthplace,* Baltimore Maryland.
8. *Full Name of Father,* James Thomas Merriken.
9. *Father's Occupation,* Can-Maker.
10. *Father's Birthplace,* Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis.

Address, #235 V. Chester St.

Remarks, Natural delivery.

HEALTH DEPARTMENT JUL 3 1889 BALTIMORE, MD.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12762

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 1th 1888
4. Place of Birth, (Street and Number) 407 Bond st
5. Full Name of Mother, Kate Bogedene
6. Mother's Maiden Name, " " Sheler
7. Mother's Birthplace, City
8. Full Name of Father, Charles Bogedene
9. Father's Occupation, Confectionary store
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 Bank st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12713

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 4 — 1889
4. Place of Birth, (Street and Number) 20 N. Spring St.
5. Full Name of Mother, Auguste Look
6. Mother's Maiden Name, Kubatzka
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Look
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 12764

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 4th 1889
4. *Place of Birth, (Street and Number)* 361 Falls Road. Near Boundary Ave. Balt.
5. *Full Name of Mother,* Mary Ellen Henderson
6. *Mother's Maiden Name,* Mary Ellen Davis
7. *Mother's Birthplace,* Balt. Co. Md.
8. *Full Name of Father,* Richard Thomas Henderson
9. *Father's Occupation,* Employee in Cotton Factory
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 119. St Ann's Woodberry, Balt. Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1899 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. **A.** 12765

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 8. Juni
4. *Place of Birth, (Street and Number)* 1237 Hare street.
5. *Full Name of Mother,* Maria Winetzka.
6. *Mother's Maiden Name,* Gilnitzka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Stanislaw Gilnitzki.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann.

Address, 1225 Hare street.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d. **A.** 13735

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June of. 8th
4. *Place of Birth, (Street and Number)* 1217 Plum Alley
5. *Full Name of Mother,* Rachel Holmeyer.
6. *Mother's Maiden Name,* Rachel Creamer.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Louis Holmeyer
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien.

Address, 3. Henrietta Str.

Remarks,

HEALTH DEPARTMENT, JUL 5 1880 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 12767

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8. 1889
4. *Place of Birth, (Street and Number)* 1108. Fulton Ave.
5. *Full Name of Mother,* Louisa Snyder
6. *Mother's Maiden Name,* Young.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James T. Snyder.
9. *Father's Occupation,* Commission business
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H Condon MD.

Address, 1403 W Fayette St

Remarks,

HEALTH DEPARTMENT

SECTION 7.—After the 1st Mother enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 12/68

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8/89
4. *Place of Birth, (Street and Number)* No 612 S. Washington St
5. *Full Name of Mother,* Annie Schmidt
6. *Mother's Maiden Name,* Schmeiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herrmann Schmidt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 12769

1. *Sex (state whether male or female),* ~~Fem~~ Male
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* June 8-89
4. *Place of Birth (Street and Number),* #107 Winter St.
5. *Full Name of Mother,* Jane Hawkins
6. *Mother's Maiden Name,* Jane Brocklin
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Wesper Hawkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Chas. W. Pfeffer M.D.

Address, #48 E. Montgomery St.

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 12770
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th June 1889
4. *Place of Birth, (Street and Number)*	534 Fort Ave
5. *Full Name of Mother,*	Fanny Jackson
6. *Mother's Maiden Name,*	Thompson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Jackson
9. *Father's Occupation,*	Brick maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Gewell
Address,	516 Fort Ave
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert D. Maton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12771

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 9th 1889
4. Place of Birth, (Street and Number) 235 N. Gilmore St.
5. Full Name of Mother, Elizabeth Maton
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Samuel Maton
9. Father's Occupation, Carpenter
10. Father's Birthplace, Alabama

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor 9-23-52

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Section 6.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12772

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 9/89
4. *Place of Birth, (Street and Number)*	612 Stirling St.
5. *Full Name of Mother,*	L. Johnson
6. *Mother's Maiden Name,*	L. Bast
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. Johnson
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. A. Butler
Address,	1215 E. Monument St. cor. Central ave
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	L A #2773
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1889
4. *Place of Birth, (Street and Number)*	227 Wolf St.
5. *Full Name of Mother,*	C. B. Baker
6. *Mother's Maiden Name,*	C. Braumer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. Baker
9. *Father's Occupation,*	Cigar-maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A Butts
Address,	1245 E. Monument St. cor Central ave
Remarks,	M. Male

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 12774
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1889
4. *Place of Birth, (Street and Number)*	1067 Hanover St.
5. *Full Name of Mother,*	Julia Lauphenmer
6. *Mother's Maiden Name,*	Saphra
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Lauphenmer
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. N. Seldner M. D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child A 12775
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1889
4. *Place of Birth, (Street and Number)*	Brooklin near S. county
5. *Full Name of Mother,*	Cathrine Burby
6. *Mother's Maiden Name,*	Cathrine Locker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Burby
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. A. Tully
Address,	no 1828 Light st
Remarks,	doing well

JUL 6 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6B 12775

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9/89
4. Place of Birth, (Street and Number) No 514 S. Burke St.
5. Full Name of Mother, Clara Klates
6. Mother's Maiden Name, Sonson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Klates
9. Father's Occupation, Sea-Captain
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT, JUL 6 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12777

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) White Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, Sunday the 9 1889
4. Place of Birth, (Street and Number) Elm. betw. 608 Baltimore Cite
5. Full Name of Mother, Katie Henschel
6. Mother's Maiden Name, Katie Ensslen
7. Mother's Birthplace, Wurttenberg
8. Full Name of Father, Eugene Henschel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Hamburg

Name of Medical Attendant, or other person who makes this Return. Mrs. Ellen Sullivan

Address, 252 Hickory Ave Balto Md.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter offend against the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the fines and forfeitures are recoverable.

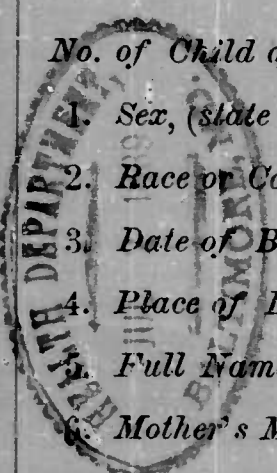
WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 12778

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th
4. *Place of Birth, (Street and Number)* 618. S. Fremont. W
5. *Full Name of Mother,* Ernstine. Lawton
6. *Mother's Maiden Name,* Ernstine. Peters
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John. T. Lawton
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 811 Bruce St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child 12779
1. *Sex, (State whether male or female)*	Famale
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1889
4. *Place of Birth, (Street and Number)*	William st. No. 1322
5. *Full Name of Mother,*	Margret Shroder
6. *Mother's Maiden Name,*	Margret Dower
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Shroder
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. T. Tully
Address,	No 1828 Light st.
Remarks,	doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1889
5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12780

JUL 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, born June the 10th

4. Place of Birth, (Street and Number) Baltimore No 25 E Hill St

5. Full Name of Mother, Mrs Mollie Fenwick

6. Mother's Maiden Name, Mollie Moore

7. Mother's Birthplace, birth Saint Mary's county Md

8. Full Name of Father, Jeff Fenwick

9. Father's Occupation, lumber in Specter

10. Father's Birthplace, birth Saint Mary's county Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12781

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10 th
4. Place of Birth, (Street and Number) montgomery st east # 16
5. Full Name of Mother, Mary Martha Heim Lehr
6. Mother's Maiden Name, Mary Martha Heim
7. Mother's Birthplace, Germany
8. Full Name of Father, John Frederick Lehr
9. Father's Occupation, tin & sheet iron worker
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Lindenhall St.

Remarks,

HEALTH DEPARTMENT
JUL 2 [illegible]
BALTIMORE, MD

Extract [illegible]

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-22-85

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Allen David Crone

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 " A. 12782

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) —
3. Date of Birth, June. 10th 1889.
4. Place of Birth, (Street and Number) 651 N. Lee. St.
5. Full Name of Mother, Emma. S. N. Crone.
6. Mother's Maiden Name, " " " Leubier.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, George D. Crone.
9. Father's Occupation, Asher B & O. R. R.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Church St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12783

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10 — 1889
4. Place of Birth, (Street and Number) 1018 Granby
5. Full Name of Mother, K. Hedwig Taifel
6. Mother's Maiden Name, Kubinsky
7. Mother's Birthplace, Polen
8. Full Name of Father, John Taifel
9. Father's Occupation, Carpetweaver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT RECEIVED

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 12784

1. *Sex, (state whether male or female)* Cog
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 June / 1023 Sommerset st.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Margarithe Weipert
6. *Mother's Maiden Name,* " Sühs
7. *Mother's Birthplace,* Kleineibstad Baiern
8. *Full Name of Father,* John Weipert
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Thumprechtshausen Baiern

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Carter Ave.

Remarks,

JUL 3 1893 BALTIMORE, MD.

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12785

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th 1889
4. *Place of Birth, (Street and Number)* #124 Harford Ave.
5. *Full Name of Mother,* Margaret Knecht
6. *Mother's Maiden Name,* " Lang
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Knecht
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegust

Address, #1038 E. Monument St

Remarks,

DEPARTMENT OF HEALTH BALTIMORE CITY

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth A. 12786
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 10 — 89
4. *Place of Birth, (Street and Number)*	1440 E. Fayette St
5. *Full Name of Mother,*	Virginia. Weis
6. *Mother's Maiden Name,*	" Block
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jacob. Weis
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry M. Huether

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth D 12787
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 11th 1887
4. Place of Birth, (Street and Number)	1602 E Eager St
5. Full Name of Mother,	Christian (~~Huther~~) Huether
6. Mother's Maiden Name,	Löcher
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis (~~Hüther~~) Huether
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	S. H. Selcher M. D.
Address,	S. E. cor Caroline & Eager Sts
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

A 12788

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, June 11. 1889.
4. Place of Birth, (Street and Number) 45 Davey Lane
5. Full Name of Mother, Mary Jane Walters
6. Mother's Maiden Name, " " Watson
7. Mother's Birthplace, Talbert Co
8. Full Name of Father, James Lyles
9. Father's Occupation, Laborer
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. J B Mullins M. D.

Address, 931 Fremont ave Ext.

Remarks, Baltimore Md.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A. 17899

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 11th 1889
4. Place of Birth, (Street and Number) — Stafford St.
5. Full Name of Mother, Elizabeth Maywalt
6. Mother's Maiden Name, " Heyl
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A. Maywalt
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. D. A. Mullins M.D.

Address, 231 Frederick Ave East.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12790

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 11. 1889.
4. *Place of Birth, (Street and Number)* 256. N. Exeter st
5. *Full Name of Mother,* Annie Cohn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* David Cohn
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein

Address, 122 S. Exeter st

Remarks,

JUL 1 1889 BALTIMORE, MD.

Extract Regulations of the Health Department

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, [illegible] recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-13-34

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Sheridan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3'd A. 12791

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11. 1889.
4. Place of Birth, (Street and Number) 742 Eastern Ave.
5. Full Name of Mother, Sarah Sheridan
6. Mother's Maiden Name, — Wells.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Sheridan
9. Father's Occupation, Lebower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Cecilie Bernstein

Address, 122 S. Eaton str.

Remarks,

BALTIMORE CITY BOARD OF HEALTH

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Extract from Regulations of the Board of Health.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder or other person in attendance upon the mother, immediately thereafter, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 2 1890

BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12792

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2e

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, June 11th 1889.
4. Place of Birth, (Street and Number) 1705 Alice Anne st
5. Full Name of Mother, Rena Amann.
6. Mother's Maiden Name, " " Yeschek.
7. Mother's Birthplace, City
8. Full Name of Father, Joseph. Amann
9. Father's Occupation, Laborer.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1747 Bank st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12793

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1889
4. *Place of Birth, (Street and Number)* 816 Wm S
5. *Full Name of Mother,* Malia N Fall
6. *Mother's Maiden Name,* " " Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hy P Fall
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Cochastay Co Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N Charles St Park

Remarks,

Extract Regulations in Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Extract from Section 7 of the Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12794

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12" 1889
4. Place of Birth, (Street and Number) 9 N. Eutaw
5. Full Name of Mother, Mary Philomena Kelley
6. Mother's Maiden Name, Mary Philomena Beese
7. Mother's Birthplace, Pittsburgh Pa
8. Full Name of Father, John Kelley
9. Father's Occupation, Hotel Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Beese

Address, [illegible]

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 — A. 12795

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 12 June
4. Place of Birth, (Street and Number) 1618 E. Balto St
5. Full Name of Mother, Rachel Greenberg
6. Mother's Maiden Name, " Pines
7. Mother's Birthplace, Europe
8. Full Name of Father, Bernhardt Greenberg
9. Father's Occupation, Peddlar
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rosy Ollis

Address, 1302 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 June
4. *Place of Birth, (Street and Number)* 1409 Wm Elderry St
5. *Full Name of Mother,* Annie Thompson
6. *Mother's Maiden Name,* " Rose
7. *Mother's Birthplace,* Balto. Co
8. *Full Name of Father,* George Thompson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland St

Remarks,

Extract Reg[illegible]

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, [illegible] Keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 12797

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 12th 1889
4. *Place of Birth,* (Street and Number) 104 S. Paca St
5. *Full Name of Mother,* Margaret Flick
6. *Mother's Maiden Name,* " " Fritsch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm. Flick
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Gombel M.D.

Address, 610 S. Sharp St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st June 1879
4. *Place of Birth, (Street and Number)* 1316 Hull St
5. *Full Name of Mother,* Beasie Hall
6. *Mother's Maiden Name,* Coyne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Hall
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Batavia New York

Name of Medical Attendant, or other person who makes this Return. Dr Yewell

Address, 416 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12799

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1889
4. *Place of Birth, (Street and Number)* 731 S Charles L
5. *Full Name of Mother,* Mary Gibson
6. *Mother's Maiden Name,* " Claus
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Saml R Gibson
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Theodore Cooke M.D.

Address, 914 N Charles L F.D.B

Remarks,

HEALTH DEPARTMENT

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12800

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12 — 1899
4. Place of Birth, (Street and Number) 1536 E. Pratt St.
5. Full Name of Mother, Kate M. Schneider
6. Mother's Maiden Name, Franke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert A Schneider
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 12801

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12 1889
4. Place of Birth, (Street and Number) 128 S. Ann St.
5. Full Name of Mother, Jessie B. Beale
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Virginia
8. Full Name of Father, N. W. Beale
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12802

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1889
4. *Place of Birth, (Street and Number)* #914 Broadway
5. *Full Name of Mother,* W. Brunner
6. *Mother's Maiden Name,* Wasmuth
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Rudolf Brunner.
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH BALTIMORE CITY

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12803

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12 th 1889
4. *Place of Birth, (Street and Number)*	560 Union Street
5. *Full Name of Mother,*	Mary Anna West
6. *Mother's Maiden Name,*	Mary Anna Hedsline
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adolph West
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Rosenfeld
Address,	1507 Pennsylvania Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A. 12804
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 12th 1889
4. *Place of Birth, (Street and Number)*	Mc Sleaton Court No. 1603
5. *Full Name of Mother,*	Margret Mc Cabe
6. *Mother's Maiden Name,*	Margret Powell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geore Mc Cabe
9. *Father's Occupation,*	~~Farmer~~ Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr. T. Scully
Address,	No 1828 Light st.
Remarks,	~~dead~~ doing well

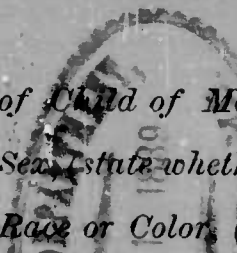
BALTIMORE CITY BOARD OF HEALTH 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 17805
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 12 - 89
4. *Place of Birth, (Street and Number)*	426 N Duncan Alley
5. *Full Name of Mother,*	Sophia · Young
6. *Mother's Maiden Name,*	" Woster
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Young
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 **A** 12806

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 12th June 1889
4. *Place of Birth, (Street and Number)* 633 Jumpally
5. *Full Name of Mother,* Carrie Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* William Williams
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Thayson

Address, #655 Josephine street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 E 12807

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, June 12 1889
4. Place of Birth, (Street and Number) 318 N. Chapel
5. Full Name of Mother, Trizie Livet
6. Mother's Maiden Name, " " Hall
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Christian Livet
9. Father's Occupation, Brick la —
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address, Josephine Conrad

Remarks, 1621 Barnes St

HEALTH DEPARTMENT, JUL 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 17808

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 12th 1889
4. Place of Birth, (Street and Number) 1637 Abbott 2
5. Full Name of Mother, Aloizie Boka
6. Mother's Maiden Name, " " Kapralek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Boka
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address, Josephine Conrad

Remarks, 1621 Barnes

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 12809

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 12 1899
4. Place of Birth, (Street and Number) 900 E Durham
5. Full Name of Mother, Marie ~~Kli~~ Holub
6. Mother's Maiden Name, Klipnen
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Holub
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephine Conrad

Address, 1621 Barnes

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 13810

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 89
4. Place of Birth, (Street and Number) 1109 Greenmount Av.
5. Full Name of Mother, A. Cook
6. Mother's Maiden Name, A. Musgrove
7. Mother's Birthplace, Md.
8. Full Name of Father, C. Cook
9. Father's Occupation, Engineer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson Mg.

Address, Mc. E. Preston St.

Remarks,

BALTIMORE, MD. JUL 3 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as a fine and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child A / 2811
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 17. th 87.
4. *Place of Birth, (Street and Number)*	# 318 Fremont Av.
5. *Full Name of Mother,*	Ella R. Yockel
6. *Mother's Maiden Name,*	" " " Hunter.
7. *Mother's Birthplace,*	Silver Run Carroll Co. Md.
8. *Full Name of Father,*	Alex. Yockel
9. *Father's Occupation,*	Baker,
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Linamen
Address,	# 106 S. Monroe St.
Remarks,	

HEALTH-DEPARTMENT BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the [illegible] no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE P... JUL 6 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2A 12812
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 12/89
4. *Place of Birth, (Street and Number)*	No 2108 Jefferson St
5. *Full Name of Mother,*	Barbara Ellis
6. *Mother's Maiden Name,*	Behert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Ellis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 12813

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 13 1889
4. *Place of Birth, (Street and Number)* 2018 Monument N
5. *Full Name of Mother,* Lizie Sima
6. *Mother's Maiden Name,* " " Pejril
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Rudolph Pejril
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

HARRY DE BARNINE JUL 1 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A 13874
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 13th '89
4. *Place of Birth, (Street and Number)*	106 Little Gough St.
5. *Full Name of Mother,*	Annie Lindsey
6. *Mother's Maiden Name,*	Rogers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Lindsey
9. *Father's Occupation,*	Grab
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs J. Trunt
Address,	23 N. Eden St.
Remarks,	

BOARD OF HEALTH BALTIMORE CITY JUN 29 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 2815

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 13/84
4. *Place of Birth, (Street and Number)* No 1422 Bank St
5. *Full Name of Mother,* Theresa Schroeder
6. *Mother's Maiden Name,* Fleischmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Schroeder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT, JUL 1 1889 BALTIMORE MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. MULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12816

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 13th 1889.
4. *Place of Birth, (Street and Number)* #421 Colvin St.
5. *Full Name of Mother,* Mary Bachman.
6. *Mother's Maiden Name,* " Meyers.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Bachman
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD. JUL 1 1889

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

(over)

A. 13817

Name of Child: Harry Levine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 13. 1889
4. Place of Birth, (Street and Number) 309 N. Carrollton Av.
5. Full Name of Mother, Annie B. (Ella) Levine
6. Mother's Maiden Name, " Winstock
7. Mother's Birthplace, N. Carolina
8. Full Name of Father, Julius (John) Levine
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Chas. W. Neff

Address, 763 W. Fayette St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 12818

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 115 W Lombard June 13th 1889
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Annie James
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Md
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, 115 W Lombard

Remarks,

JUL 2 1890 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Quw

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 12819

1. Sex, (state whether male or female) ~~(Female)~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June (13) 14th 1889
4. Place of Birth, (Street and Number) 1035 E. Biddle
5. Full Name of Mother, Carrie Jenkins
6. Mother's Maiden Name, Evans
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. Jenkins
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M.D.

Address, 1003 N Broadway

Remarks, Name of child: John Henry Jenkins Jr.

BALTIMORE, MD. JUL 2 1889

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 12320

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 13th 1859
5. *Place of Birth, (Street and Number)* 907 Light St
6. *Full Name of Mother,* Emily Miller
7. *Mother's Maiden Name,* Grenzer
8. *Mother's Birthplace,* Balto.
9. *Full Name of Father,* Adam Miller
10. *Father's Occupation,* Shipping Clerk
11. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Wm Gambrill M.D.

Address, 610 S Sharp St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child A 13821

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 June
4. Place of Birth, (Street and Number) 1134 Harrover St
5. Full Name of Mother, Kathrina Elisbeth Schneider
6. Mother's Maiden Name, ... Albach
7. Mother's Birthplace, S germany
8. Full Name of Father, Jacob Schneider
9. Father's Occupation, Tailor
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return. Mrs Münch

Address, 300 Leadenhall St.

Remarks,

JUL 2 1880 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

A. 13-8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th
4. *Place of Birth, (Street and Number)* 127 Aisquith St
5. *Full Name of Mother,* Rosa Newhoff
6. *Mother's Maiden Name,* Rosa Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Max Newhoff
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return. F. Jemmons

Address, 100 Cathed

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

xtract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore nder whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth nd shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a t of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be eertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its arents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a rtificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the irth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to eport its birth to the Commissioner of Health, in the manner and within the period above required, and any such person r persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd **A.** 12823

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1889
4. *Place of Birth, (Street and Number)* #1114 E Pratt St
5. *Full Name of Mother,* Mary Rowier
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Rowier
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Hillegerst

Address, #1038 E Monument St

Remarks,

HEALTH DEPARTMENT JUN 1 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 12821

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 14th 1889.
4. *Place of Birth, (Street and Number)* #730 Pennsylvania Av.
5. *Full Name of Mother,* H. Rohde.
6. *Mother's Maiden Name,* " Letmate
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andrew Rohde.
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegrist

Address, #1038 E. Monument St.

Remarks,

BALTIMORE CITY 1889

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT JUL 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second — A. 13825

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 14th 1889
4. Place of Birth, (Street and Number) 1415 N. Lombard
5. Full Name of Mother, Florence Thompson
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, 1415 N. Lombard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12826

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 11 day of June 1882
4. *Place of Birth, (Street and Number)* 712 Seylon Stop Court
5. *Full Name of Mother,* Clarey Diggs
6. *Mother's Maiden Name,* Coats
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* George Diggs
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Mather 128 Yorke

Address, Sarah Dixon 921 Welcome alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12827

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Boys
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 14th Juni
4. *Place of Birth, (Street and Number)* Washington Str. 415
5. *Full Name of Mother,* Lizzie Ruehl
6. *Mother's Maiden Name,* " " Wikers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Wikers
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler Mitwife

HEALTH DEPARTMENT BALTIMORE, MD.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14 —
4. Place of Birth, (Street and Number) Bank & Caroline
5. Full Name of Mother, Adelaide Zink
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Zink
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Frank C Bruce

Address, 1713 Bank St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines are by law recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY JUL 6 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th John A. 13829

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 15th 89
4. Place of Birth, (Street and Number) 820 S. Charles St
5. Full Name of Mother, Bertha Caplan
6. Mother's Maiden Name, " Rosenkowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Selig Caplan
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schnauss

Address, Albemarle St n w 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ª Child **A** 128320
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 15th 89.
4. *Place of Birth, (Street and Number)*	#245 Wolfe St.
5. *Full Name of Mother,*	Mary Anna Jansen
6. *Mother's Maiden Name,*	" " Kirchner.
7. *Mother's Birthplace,*	Lancaster Pa.
8. *Full Name of Father,*	Charles William Jansen.
9. *Father's Occupation,*	Beer Collector
10. *Father's Birthplace,*	Philadelphia Pa.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106. S. Monroe St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 — A. 12831

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th
4. *Place of Birth, (Street and Number)* 2840 Elliott st
5. *Full Name of Mother,* Ellenora Viessmann
6. *Mother's Maiden Name,* Bishoff
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John C. Viessmann
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann.

Address, 1225 Hare street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second; A 72833
1. *Sex, (State whether male or female)*	female;
2. *Race or color, (if not of the white race)*	China;
3. *Date of Birth,*	15. June;
4. *Place of Birth, (Street and Number)*	516 N. Calvert, Baltimore Md
5. *Full Name of Mother,*	Della V. Long;
6. *Mother's Maiden Name,*	Della V. Harvey;
7. *Mother's Birthplace,*	St Louis;
8. *Full Name of Father,*	Chu Long;
9. *Father's Occupation,*	Laundry;
10. *Father's Birthplace,*	China;
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Seibach
Address,	735 W Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 128/33

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child - 3rd Confinement

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* Black
3. *Date of Birth,* June 18 - 1889
4. *Place of Birth, (Street and Number)* 110 St Paul
5. *Full Name of Mother,* Maria Jackso
6. *Mother's Maiden Name,* Maria Allen
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Wm Jackson
9. *Father's Occupation,* Died - 25th November - 88
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John W. Brenham M.D.

Address, City Hospital

Remarks,

HEALTH DEPARTMENT, BALTIMORE

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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JUL 1 1889

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d A 138314

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15. 1889.
4. Place of Birth, (Street and Number) 213 Hanover Str.
5. Full Name of Mother, Belle Buckner
6. Mother's Maiden Name, — — Jacobs
7. Mother's Birthplace, New. Haven Conn.
8. Full Name of Father, Louis Buckner
9. Father's Occupation, Cutter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein,

Address, 122 S. Exeter Str.

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A** 12835

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 15th 1889
4. *Place of Birth, (Street and Number)* 2333 McElderry
5. *Full Name of Mother,* Anna Wilhelm
6. *Mother's Maiden Name,* " " Hajell
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Wilhelm Hajell
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 13831
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th
4. *Place of Birth, (Street and Number)*	460 Forrest st
5. *Full Name of Mother,*	Lenna Bruna
6. *Mother's Maiden Name,*	" Lambach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Bruna
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gregory
Address,	940 N. Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th Child D 2837

1. *Sex,* (*state whether* ~~male or~~ *female*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 15th 1889
4. *Place of Birth,* (*Street and Number*) Mullikin St No 1209
5. *Full Name of Mother,* Maggie Marshal
6. *Mother's Maiden Name,* Maggie Reipp
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James Marshal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 714

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name Sylvan Isaac Goodman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

A. 12833

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th, 1889
4. Place of Birth, (Street and Number) 1279 Battery av
5. Full Name of Mother, Rebecca Goodman Goodman
6. Mother's Maiden Name, Rebecca Goodman
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob Goodman
9. Father's Occupation, Teacher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D.

Address, 321 N. Paca St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 12839
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 1889
4. *Place of Birth, (Street and Number)*	#715 W. Hamburg St
5. *Full Name of Mother,*	Rozena Shailoh Gauer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Aug. E. Shailoh
9. *Father's Occupation,*	Wood Worker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 138 H0

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1889. 12 07 Am.
4. *Place of Birth, (Street and Number)* 115 W Lombard
5. *Full Name of Mother,* Nora Peirnell
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J Todd F.D.

Address, Maternité

Remarks,

JUL 2 1889 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 2 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 17841
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 15th 1889
4. *Place of Birth, (Street and Number)*	No 211 Rock st
5. *Full Name of Mother,*	Elizebeth Deitrich.
6. *Mother's Maiden Name,*	" Linge
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Adam Deitrich
9. *Father's Occupation,*	Paver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	735 W. Pratt st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required above, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male — August Hartig Jr.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1889
4. *Place of Birth, (Street and Number)* 104 S. Paca St
5. *Full Name of Mother,* Mary Hartig
6. *Mother's Maiden Name,* M. Weighand
7. *Mother's Birthplace,* Germany
8. *Full Name of Father* August Hartig
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gomlel M.D.

Address, 610 S. Sharp St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

Personally appeared before me this 3rd. day of February, 1938, August Hartig, of 4645 Briarclift Road, Baltimore, Maryland, who made affidavit that the following statement is true and correct.

That my correct name is AUGUST HARTIG and that the correct name of the child born to my wife, Mary, at 104 S. Paca St. Baltimore, Maryland, on the 15th. day of June, 1839 is AUGUST HARTIG JR. That HEALTH DEPARTMENT - CITY OF BALTIMORE - CERTIFICATE OF BIRTH - NO. A 12842, which is a record of the birth of said child, should have the name of the father recorded as AUGUST HARTIG **and** not Adam Hartig, and the name of the child recorded as AUGUST HARTIG JR.

August Hartig Sr.
Father

Subscribed and sworn to before me this 3rd. day of February, 1938.

Edwin N. Schneider
Notary Public

Naturalization papers issued in the State of Maryland, on the 2nd. Monday in September, 1886 by Judge Charles E. Phelps to August Hartig, submitted in proof.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12842

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	339 Forest St
4. *Place of Birth, (Street and Number)*	15th June
5. *Full Name of Mother,*	Bertha Schanbins
6. *Mother's Maiden Name,*	Bertha Sadowski
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Carl Schanbins
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Prussian
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler midwife
Address,	2116 West Pratt St
Remarks,	

BIRTH DEPARTMENT BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 125114

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 18th 1889
4. Place of Birth, (Street and Number) 613 Columbia ave
5. Full Name of Mother, Lula B. Dodd
6. Mother's Maiden Name, " " Hayes
7. Mother's Birthplace, Virginia
8. Full Name of Father, L. A. Dodd
9. Father's Occupation, Letter-Carrier
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12845

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	16th June 1889
4. *Place of Birth, (Street and Number)*	1952 N. Gay St.
5. *Full Name of Mother,*	Ida Evans
6. *Mother's Maiden Name,*	Turner
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Morgan Evans
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs J. Tunt
Address,	231 N. Eden St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A 12846

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 16th
4. Place of Birth, (Street and Number) 813 West st
5. Full Name of Mother, Sarah Newton
6. Mother's Maiden Name, Sarah Allen
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, James Allen
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Darcus Jane Purnell

Address, 517 Cross st

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, JUL 1 1887 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16, 1887.

4. Place of Birth, (Street and Number) 259 N. Exeter

5. Full Name of Mother, Tena Ruppen

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Same. Ruppen

9. Father's Occupation, Peddler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st : A. 12818

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1889
4. *Place of Birth, (Street and Number)* 1341 N. Fremont St
5. *Full Name of Mother,* Lizzie Gleason
6. *Mother's Maiden Name,* Mitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Gleason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Irelt

Name of Medical Attendant, or other person who makes this Return. Chas E Sadler MD

Address, 2100 Druid Hill Ave

Remarks,

BALTIMORE DEPARTMENT OF HEALTH BALTIMORE MD

WM. J. C. KRANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A 12849

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th June
4. *Place of Birth, (Street and Number)* 1219 Hare Str. Canton
5. *Full Name of Mother,* Hermine Scherwood
6. *Mother's Maiden Name,* Minnie Miller
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* Herman Scherwood
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Colberg Germany

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann

Address, 1225 Hare street

Remarks,

HEALTH DEPARTMENT JUL 5 1889 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 12850

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June th 16 1899
4. Place of Birth (Street and Number), Hull St No 1321
5. Full Name of Mother, Leah Jane Miller
6. Mother's Maiden Name, Elorman
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Charles Miller
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Downward Midwife

Address, 1809 Clement St Baltimore Md

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concerned), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 1785

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16 84
4. Place of Birth, (Street and Number) N° 17 27 Eastern Ave
5. Full Name of Mother, Annie Laufenstein
6. Mother's Maiden Name, Finke
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Laufenstein
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

BALTIMORE P. D.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12852

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 in

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of June
4. *Place of Birth, (Street and Number)* 316 Schmalwood
5. *Full Name of Mother,* Louise Schmalwood
6. *Mother's Maiden Name,* Louise Braun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Schmalwood
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt Str

Remarks,

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12853

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16 - 89
4. *Place of Birth, (Street and Number)* 934 Canton St.
5. *Full Name of Mother,* Racheal Burton
6. *Mother's Maiden Name,* " Enson
7. *Mother's Birthplace,* a.
8. *Full Name of Father,* Jonath. Burton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* a.

Name of Medical Attendant, or other Person who makes this Return. Frank C Bowers

Address, 1713 Bank St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12854

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the third child

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* June the sixteent 16
4. *Place of Birth, (Street and Number)* hicory ave Baltimore county
5. *Full Name of Mother,* Maggie ford
6. *Mother's Maiden Name,* Maggie Kelly
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Robert velson ford
9. *Father's Occupation,* labior
10. *Father's Birthplace,* Baltimore county

Name of Medical Attendant, or other person who makes this Return. Mrs. Ellen Sullivan

Address, 252 Hickory Ave Balto Md.

Remarks,

HEALTH DEPARTMENT, 1889 BALTIMORE CITY

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Bertha 12855

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16th 1889
4. *Place of Birth, (Street and Number)* 116 Market Space
5. *Full Name of Mother,* Annie Pushen
6. *Mother's Maiden Name,* " Fisher
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Pushen
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schermon

Address, Albemarle St N 103.

Remarks,

HEALTH DEPARTMENT, 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12858

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16th 1889 4:31 A.M.

4. Place of Birth, (Street and Number) 115 W Lombard

5. Full Name of Mother, } Sallie Bennett

6. Mother's Maiden Name, }

7. Mother's Birthplace, Md.

8. Full Name of Father, Not Known

9. Father's Occupation, *

10. Father's Birthplace, *

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Maternité

Remarks,

JUL 2 1889 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th A. 12867

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16th
4. Place of Birth, (Street and Number) Hannover St. 716.
5. Full Name of Mother, Elisabeth Brom.
6. Mother's Maiden Name, Kurzrock.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Rudolf Brom.
9. Father's Occupation, Lakemaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A. 17858
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 16th 1889
4. Place of Birth (Street and Number),	1315 Edmondson Av.
5. Full Name of Mother,	Sadie D Wonderly
6. Mother's Maiden Name,	Sadie D Hennighan
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Charles E Wonderly
9. Father's Occupation,	Book-keeper
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Jethro D Cunningham M.D.
Address,	804 N Carrollton Av
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 12859

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 16, 1889
4. Place of Birth, (Street and Number) 1901 Druid Hill Avenue
5. Full Name of Mother, Nellie Atkinson
6. Mother's Maiden Name, Watson
7. Mother's Birthplace, East City
8. Full Name of Father, William Atkinson
9. Father's Occupation, Butcher
10. Father's Birthplace, East City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D

Address, 1106 McCulloh Street

Remarks, Premature confinement at 7th Month

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 22 1889

A 12860

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 17 June
4. Place of Birth, (Street and Number) 1143 Low St
5. Full Name of Mother, Rachel Sewinsky
6. Mother's Maiden Name, " Barnhoff
7. Mother's Birthplace, Poland
8. Full Name of Father, Morris Sewinsky
9. Father's Occupation, Taylor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17861

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17 — 1889
4. *Place of Birth, (Street and Number)* 109 Broad Alley
5. *Full Name of Mother,* Minne Abraham
6. *Mother's Maiden Name,* Stein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Natan Abraham
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in each district or city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Irene — Peusch A. 12862

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female) female.
2. Race or color, (if not of the white race) White
3. Date of Birth, 17th June. 1889.
4. Place of Birth, (Street and Number) 918 Pierce street
5. Full Name of Mother, Carolina Peusch
6. Mother's Maiden Name, Carolina Adam
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Peusch.
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs C seebach

Address, 735 W Pratt st.

Remarks, GIVEN NAME ADDED 3-8-54

L-M.

BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh A 12863

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 17th 1889
4. *Place of Birth (Street and Number)* 1202 Hudson alley
5. *Full Name of Mother* Mary Tierney
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* William Tierney
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. L. D. Lightbourn M.D.

Address 322 N. Biddle St

Remarks Balto.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12864

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 17th 1889
4. *Place of Birth (Street and Number),* 505 N Carrollton Av,
5. *Full Name of Mother,* Mary E. French.
6. *Mother's Maiden Name,* Mary E Harrison,
7. *Mother's Birthplace,* Wheeling, W Va,
8. *Full Name of Father,* George E French,
9. *Father's Occupation,* Merchant,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John D Pennington Md,

Address, 804 N Carrollton Av

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 12865
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th
4. *Place of Birth, (Street and Number)*	1601 ½ r. Pratt st
5. *Full Name of Mother,*	Maria Speer
6. *Mother's Maiden Name,*	" Roth
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Speer
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	L. L. Goldenstein
Address,	418 S. Paca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12866

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 313 N. Fulton
5. Full Name of Mother, Julia Bulman
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Virginia
8. Full Name of Father, D. D. Bulman
9. Father's Occupation, Marble
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon MD

Address, 1403 W Fayette St

Remarks,

HEALTH DEPARTMENT JUL 5 1886 BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 12867
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1869
4. *Place of Birth, (Street and Number)*	1028 N Front St
5. *Full Name of Mother,*	Emma E Berger
6. *Mother's Maiden Name,*	Colbert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest C Berger
9. *Father's Occupation,*	Shoe Fitter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	S E for Caroline & Eager Sts
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12868

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 17. 1889.
4. Place of Birth, (Street and Number) 201 Slemers Alley
5. Full Name of Mother, Mina Kane
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank. Kane
9. Father's Occupation, Leborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

JUL 1 1889 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 17869
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 18-89
4. *Place of Birth, (Street and Number)*	1931 Fairmount Ave
5. *Full Name of Mother,*	Carrie Moore
6. *Mother's Maiden Name,*	" Trautwein
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas. W. Moore
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12870

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Males.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 18th June 1889
4. Place of Birth, (Street and Number) 1317 N. Chas. St
5. Full Name of Mother, Sophia Ferrandini
6. Mother's Maiden Name, " Messmeyer.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Cipriani Ferrandini Jr.
9. Father's Occupation, Laundryman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Archie Atkinson M.D.

Address, 2107 Mad. ave - cor 22nd St

Remarks, Chloroform.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st " A 12871
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 18 " 87
4. *Place of Birth, (Street and Number)*	1423 Ramsay St
5. *Full Name of Mother,*	Elizabeth Dowling
6. *Mother's Maiden Name,*	" Copeland
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Samuel Dowling
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return	C. P. Ullrich M D
Address,	Pratt & Stricker Sts
Remarks,	

WM. J. C. KULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 6 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6A 12872

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18 89

4. Place of Birth, (Street and Number) N° 2212 Canton Alley

5. Full Name of Mother, Lisbeth Stansbury

6. Mother's Maiden Name, Meier

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Stansbury

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child A. 12873

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1889
4. *Place of Birth, (Street and Number)* Light st No. 1821
5. *Full Name of Mother,* Juli Ann Parks
6. *Mother's Maiden Name,* Julia anne Parks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eleven Lebanbenjiman Parks
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, No. 1828 Light st

Remarks, doing well

BALTIMORE CITY 1889

Baltimore under whose charge, if any, [illegible] shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Jacob

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18th 89
4. Place of Birth, (Street and Number) 500 S. Eutaw St
5. Full Name of Mother, Annie Shipper
6. Mother's Maiden Name, " Amol
7. Mother's Birthplace, Austria
8. Full Name of Father, Isidor Shipper
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY
AUG 6 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 12875

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, June 18th 1889.
4. Place of Birth, (Street and Number) 404 Wolfst
5. Full Name of Mother, Hilda Fitzberger
6. Mother's Maiden Name, " " Stiefz
7. Mother's Birthplace, City
8. Full Name of Father, Georg Fitzberger
9. Father's Occupation, Shaving Saloon.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1747 Bank St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3rd Child A 12878
1. *Sex*, (*State whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	18th of June
4. *Place of Birth*, (*Street and Number*)	205 Jay North St
5. *Full Name of Mother*,	Maggie Campbell Stirling
6. *Mother's Maiden Name*,	Campbell
7. *Mother's Birthplace*,	Scotland
8. *Full Name of Father*,	Will Sterling
9. *Father's Occupation*,	Shoemaker
10. *Father's Birthplace*,	Scotland
Name of Medical Attendant, or other person who makes this Return.	Mrs Seibach
Address,	735 W Pratt street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 2 1878 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ✓ A. 12877

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1889
4. *Place of Birth, (Street and Number)* 2025 E. Pratt St
5. *Full Name of Mother,* Minnie M. Hanzsche
6. *Mother's Maiden Name,* Hulst
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F. Hanzsche
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Wm Gonkel M.D.

Address, 610 S. Sharp St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A** 12878

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 June 1889
4. *Place of Birth, (Street and Number)* 31 Concord St
5. *Full Name of Mother,* Rachel Tibbit
6. *Mother's Maiden Name,* " Wright
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Tibbit
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and shall be done within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 2 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 18 1889
4. *Place of Birth, (Street and Number)*	3015 Hudson St.
5. *Full Name of Mother,*	Sarah Townsend
6. *Mother's Maiden Name,*	Sarah Mobray
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thomas Townsend
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	
Remarks,	

JUL 1889 BALTIMORE MD.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12880

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 / 89
4. Place of Birth, (Street and Number) 1411 N Gilmor St
5. Full Name of Mother, Lillie I Bonsal Emrick
6. Mother's Maiden Name, Lillie I Bonsal
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Emrick
9. Father's Occupation, House-Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. M A Carter

Address, 1800 N. Balto. St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 13881

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* June 19th 189.
4. *Place of Birth, (Street and Number)* 9. E. Randell. St.
5. *Full Name of Mother,* Anna M. Fox.
6. *Mother's Maiden Name,* " " Smith.
7. *Mother's Birthplace,* Balto. city.
8. *Full Name of Father,* John Fox.
9. *Father's Occupation,* Can-maker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. MD.

Address, 524 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	June 19 1889
4. Place of Birth, (Street and Number)	1101 Chesapeake
5. Full Name of Mother,	Mary Feltmann
6. Mother's Maiden Name,	Mary Funk
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Benjamin Feltmann
9. Father's Occupation,	Cab-maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	120 Guilford St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child A 12883
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 19th 1889
4. *Place of Birth, (Street and Number)*	Light st. No 1832
5. *Full Name of Mother,*	Anne Wilmer
6. *Mother's Maiden Name,*	Anne Stewart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Wilmer
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. J. Tully
Address,	No. 1828 Light st.
Remarks,	doing well

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child [redacted]. 13884
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 19th 189.
4. *Place of Birth, (Street and Number)*	#8 N. Liberty St,
5. *Full Name of Mother,*	Emmi Luber.
6. *Mother's Maiden Name,*	" " Karg.
7. *Mother's Birthplace,*	Obersehleffer.
8. *Full Name of Father,*	John G. Luber.
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Freihung.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106 S. Monroe St.
Remarks,	

HEALTH DEPARTMENT BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, its said name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED, 2-19-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sally Theresa Miles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12885

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 89
4. Place of Birth, (Street and Number) 1123 Mermit Ave
5. Full Name of Mother, Annie Miles
6. Mother's Maiden Name, " Sands
7. Mother's Birthplace, Md
8. Full Name of Father, L. J. Miles
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson Mo.

Address, 746 E. Preston St.

Remarks,

HEALTH DEPARTMENT, JUL 3 1889 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June of 19th
4. *Place of Birth, (Street and Number)* 909 Sikarji St.
5. *Full Name of Mother,* Minna Fischer.
6. *Mother's Maiden Name,* Minna Brock.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Carl Fischer
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Auguste Bossen.

Address, 3. Henrietta Str

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 19th
4. *Place of Birth, (Street and Number)* 449 W. Ostend St
5. *Full Name of Mother,* Cath Smith
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo Smith
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. J C Bench MD

Address, 511 Hanover St

Remarks,

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

Register in such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12888

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 19th 1889
4. *Place of Birth, (Street and Number)* 413 South Exeter
5. *Full Name of Mother,* Kate A. Wright
6. *Mother's Maiden Name,* Kate A. Babcock
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Wm Thomas Wright
9. *Father's Occupation,* Asst Supt
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds

Address, 711 N. Calvert St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 12889

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19/89
4. Place of Birth, (Street and Number) No. 2104 Eastern Ave
5. Full Name of Mother, Mary Becker
6. Mother's Maiden Name, Wahl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Becker
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No. 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 6 1889 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th A. 12890

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 19th 1889
4. *Place of Birth, (Street and Number)* 944 N. Durham
5. *Full Name of Mother,* Marie Rybak
6. *Mother's Maiden Name,* " Harvat
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph ~~Harvat~~ Rybak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

HEALTH DEPARTMENT BALTIMORE JUL 1 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUN 29 1889 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19 June 1889
4. *Place of Birth, (Street and Number)*	1406 Fort road
5. *Full Name of Mother,*	Ellen Fletcher
6. *Mother's Maiden Name,*	Ellen Moslyn
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thomas Fletcher
9. *Father's Occupation,*	potter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettl
Address,	1619 Cuba st
Remarks,	Baltimore

A 12891

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 12892

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 19 1889
4. *Place of Birth, (Street and Number)* Canan st 717
5. *Full Name of Mother,* Ane Boukiela
6. *Mother's Maiden Name,* Ane Kreis
7. *Mother's Birthplace,* Bohiermen
8. *Full Name of Father,* Frank Kreis
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohiermen

Name of Medical Attendant, or other person who makes this Return. Mary Skopta

Address, Wartington 205

Remarks,

HEALTH DEPARTMENT, JUN 19 1889 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 12893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 26 1889
4. *Place of Birth, (Street and Number)* Wolf 704
5. *Full Name of Mother,* Mina Meier
6. *Mother's Maiden Name,* Mina ~~Meier~~ Meerner
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* John McMeerner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germena

Name of Medical Attendant, or other person who makes this Return. Mary Koplitz

Address, Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th A 12894

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White race
3. Date of Birth, June 20 st 189
4. Place of Birth (Street and Number), 1226 Monstral Av
5. Full Name of Mother, Maggie Walter
6. Mother's Maiden Name, Maggie Geller
7. Mother's Birthplace, Bayern Germany
8. Full Name of Father, Ray Walter
9. Father's Occupation, Taylor
10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other person who makes this Return. Annaria Geller

Address, 1723 Hanover St

Remarks, Baltimore City

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 12895

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20 1889
4. *Place of Birth, (Street and Number)* Chew st 1821
5. *Full Name of Mother,* Lewlesm Kranpse
6. *Mother's Maiden Name,* Lewlesm Dunjlis
7. *Mother's Birthplace,* Giermen
8. *Full Name of Father,* John Dunjlis
9. *Father's Occupation,* shoemaker
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, Wastinton 205

Remarks,

HEALTH DEPARTMENT JUN 28 1889 BALTIMORE, MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

BALTIMORE MD. JUL 29 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 20th 1889
4. Place of Birth, (Street and Number) 1134 Kirk Street
5. Full Name of Mother, Lizzie Gidland
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Francis Gidland
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Entance

Address, 509 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 20. 1889.
4. Place of Birth, (Street and Number) 911 Stiles St.
5. Full Name of Mother, Mary Cunningam
6. Mother's Maiden Name,
7. Mother's Birthplace, America
8. Full Name of Father, Clyde Cunningam
9. Father's Occupation,
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Eutaw St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT JUL 1 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child **A.** 12898
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 20th 1897
4. *Place of Birth, (Street and Number)*	Johnston st. No. 1248
5. *Full Name of Mother,*	Mary Jones
6. *Mother's Maiden Name,*	Mary Wilder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Jones
9. *Father's Occupation,*	Capper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. T. Tully
Address,	no 1828 Light st
Remarks,	doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 20 1889
4. *Place of Birth, (Street and Number)* 300. E. Lynn St.
5. *Full Name of Mother,* Annie E Henry
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Edward Henry
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12 900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~White~~ Black
3. *Date of Birth,* June 20th 1889
4. *Place of Birth, (Street and Number)* 115 W Lombard
5. *Full Name of Mother,*
6. *Mother's Maiden Name* Annie Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J Todd M D

Address, Maternite

Remarks,

HEALTH DEPARTMENT, JUL 7 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recorded in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First — April 29 01

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1879
4. Place of Birth, (Street and Number) 115 W Lombard
5. Full Name of Mother, } Maggie Cross
6. Mother's Maiden Name, }
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Waterside

Remarks, A twin foetus. weighed 1#

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 20th 1889
4. *Place of Birth, (Street and Number)* 232 Chester st
5. *Full Name of Mother,* Mary Ford
6. *Mother's Maiden Name,* " " Schott
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Nick Ford
9. *Father's Occupation,* Marine officer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bolz

Address, 1144 Bank st

Remarks,

JUL 2 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 12903

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 20 – 89
4. *Place of Birth, (Street and Number)* 1505 E. Townsend
5. *Full Name of Mother,* Kate Thomson
6. *Mother's Maiden Name.* Kate Kiel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Thomson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Frank G. Moyer M.D.

Address, 4 So Exeter

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FR. J. C. HOLLIDAY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 12904

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 day of June 1889
4. *Place of Birth, (Street and Number)* 213 York st
5. *Full Name of Mother,* Sarah Scriverwer
6. *Mother's Maiden Name,* Lucrens
7. *Mother's Birthplace,* Frederick Va
8. *Full Name of Father,* Luther W Scriverwer
9. *Father's Occupation,* porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Maker 128 York st

Address, Sarah Dixon Welcome alley 221

Remarks,

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A 17905

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 21-89
4. Place of Birth (Street and Number), #710 Light St.
5. Full Name of Mother, Maggie Klemock
6. Mother's Maiden Name, Maggie Shenton
7. Mother's Birthplace, Maryland
8. Full Name of Father, Job Klemock
9. Father's Occupation, Farmer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Chas. M. Polley M.D.

Address, #48 E. Montgomery St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Ida Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd ~~1st~~ A 17906

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21st 89
4. Place of Birth, (Street and Number) 1113 L. McElderry St
5. Full Name of Mother, Katie Berman
6. Mother's Maiden Name, " Isenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Barney ~~Barnett~~ Berman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

HEALTH DEPARTMENT, JUL 6 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 17907

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1889
4. Place of Birth, (Street and Number) Eastern Ave No 1015
5. Full Name of Mother, Margaretta Robertson
6. Mother's Maiden Name, Margaretta Schiffer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Robertson
9. Father's Occupation, Laborer
10. Father's Birthplace, Canada. New England.

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 164

Remarks, ...

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 12908

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1889
4. *Place of Birth, (Street and Number)* #1003 Sterling St
5. *Full Name of Mother,* Eva Pundt
6. *Mother's Maiden Name,* Schaub.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Pundt
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #1038 E Monument St

Remarks,

BALTIMORE, MD. 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Berlia Emma Kopp

A 17909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* June 21st 1889
4. *Place of Birth, (Street and Number)* 219 Roland Ave. Hampden, Balt.
5. *Full Name of Mother,* Anna Mary Kopp
6. *Mother's Maiden Name,* Anna Mary Fahrman
7. *Mother's Birthplace,* York Co. Pa.
8. *Full Name of Father,* George Kopp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* York Co. Pa.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 114 - 3d Ave. Woodberry, Balt. Md

Remarks, GIVEN NAME ADDED 8-17-53 L.M.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. All fines, fees and forfeitures are recoverable.

1953 J. C. DILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 12910

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21 – 1889
4. *Place of Birth, (Street and Number)* 904 E. Pratt St.
5. *Full Name of Mother,* ~~Eli~~ Eva Fischer
6. *Mother's Maiden Name,* Schultz
7. *Mother's Birthplace,* B Germany
8. *Full Name of Father,* William Fischer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation or its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 1023 E. Lombard St
5. *Full Name of Mother,* Mary Kolb
6. *Mother's Maiden Name,* " Hogan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Kolb
9. *Father's Occupation,* Soap maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1802 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 12 913

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 June
4. Place of Birth, (Street and Number) 226 N. Central ave
5. Full Name of Mother, Pauline Pohlman
6. Mother's Maiden Name, " Hoff
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Pohlman
9. Father's Occupation, Grocery store
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1802 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child born, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child A 12913

1. *Sex,* (state whether ~~male or~~ female)
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 21st 1889
4. *Place of Birth,* (Street and Number) N. Castle St No 219
5. *Full Name of Mother,* Mary Wehrmuth
6. *Mother's Maiden Name,* Mary Schäffer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Wehrmuth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 3 1889 BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1889 A 12911

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 21st 1889
4. Place of Birth, (Street and Number) 1433 Washington Ave
5. Full Name of Mother, Emma C. S. Hoare
6. Mother's Maiden Name, Carson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Hoare
9. Father's Occupation, Moulder
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. H. W. Hebner M.D.

Address, 814 W. Lombard St

Remarks, Natural Labor.

Section. This Section shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1889 A. 12915

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21st
4. Place of Birth, (Street and Number) Balto Sharp St No 1036
5. Full Name of Mother, Annie Judith Hoos.
6. Mother's Maiden Name, " " Brandau
7. Mother's Birthplace, Carrsville Balto. Co
8. Full Name of Father, John William Hoos.
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks,

JUL 2 1890 BALTIMORE, MD.

[illegible] and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

12 9.16

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ra

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Black
3. *Date of Birth,* June 21 '16
4. *Place of Birth, (Street and Number)* 814 Lewis St
5. *Full Name of Mother,* Mary King
6. *Mother's Maiden Name,* Mary Lowery
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* James King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prince Williams Co Virginia

Name of Medical Attendant, or other person who makes this Return. J. W. Branham M D

Address, City Hospital

Remarks,

HEALTH DEPARTMENT BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (staie whether 1st, 2d, 3d, &c.) A 12917

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21/89
4. *Place of Birth, (Street and Number)* No. 405 N. Wolf St
5. *Full Name of Mother,* Lisbeth Schutz
6. *Mother's Maiden Name,* Luper
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Robert Schutz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No. 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT BALTIMORE

Register of their birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A 12918

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, June 21 st 1889
4. Place of Birth (Street and Number), 2147 Division St
5. Full Name of Mother, Victoria Taylor
6. Mother's Maiden Name, Welsh
7. Mother's Birthplace, Balto ~~Co~~
8. Full Name of Father, Geo W W Taylor
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return. Eliot C Price M. D.
12. Address, 953 Madison Ave
13. Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child A 12919
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 21st June 1889
4. *Place of Birth, (Street and Number)*	No. 2124 Marianna st
5. *Full Name of Mother,*	Mrs. Fricoll
6. *Mother's Maiden Name,*	Miss Blobergen
7. *Mother's Birthplace,*	Bahman Germany
8. *Full Name of Father,*	Mr Fricoll
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Bahman Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2126 Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A 12920
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 21st
4. *Place of Birth, (Street and Number)*	419 Scott St
5. *Full Name of Mother,*	Cypolalia Spurrier
6. *Mother's Maiden Name,*	Wilson
7. *Mother's Birthplace,*	Frederick
8. *Full Name of Father,*	William Spurrier
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	Frederick
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Morgan
Address,	412 Scott St
Remarks,	

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 12921

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st
4. Place of Birth, (Street and Number) 1931 E Chase St
5. Full Name of Mother, Fanny Pollen
6. Mother's Maiden Name, " Fortman
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Peter Pollen
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 940 N. Gay St

Remarks,

HEALTH DEPARTMENT BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 12922

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 21 1889
4. *Place of Birth, (Street and Number)* Abbott 1639
5. *Full Name of Mother,* Fraacir Sirka
6. *Mother's Maiden Name,* Fraacir Soler
7. *Mother's Birthplace,* Boheimer
8. *Full Name of Father,* Joseph Soler
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Boheimen

Name of Medical Attendant, or other person who makes this Return, Wastonting st 205

Address, Mary Koptis

Remarks,

HEALTH DEPARTMENT JUN 28 1889 BALTIMORE CITY

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 1 1889 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 D A. 17923

1. *Sex, (state whether male or female)* Mo.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 21st 1889
4. *Place of Birth, (Street and Number)* 903 N. Dallas St
5. *Full Name of Mother,* Anna Zahora
6. *Mother's Maiden Name,* " " Prena
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Anton Zahora
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Conrad Josephine

Address, 1621 Bank

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 12924

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* June 22. 89
4. *Place of Birth, (Street and Number)* 652 Vine St.
5. *Full Name of Mother,* Maisy E. Armstrong
6. *Mother's Maiden Name,* Maisy E. Howard
7. *Mother's Birthplace,* Easton, Md.
8. *Full Name of Father,* Jacob Howard
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Easton Md.

Name of Medical Attendant, or other person who makes this Return. Irvin Ebaugh MD

Address, 622 W. Lombard St.

Remarks,

JUN 29 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 22nd 1889

4. Place of Birth, (Street and Number) Harford Road, near Toll Gate.

5. Full Name of Mother, Emma C. Gill

6. Mother's Maiden Name, Emma C. Yingling

7. Mother's Birthplace, Maryland.

8. Full Name of Father, John M Gill.

9. Father's Occupation, Clergyman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller, M.D.

Address, 609 N. Franklin St.

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 12926
1. *Sex (state whether male or female),*	F
2. *Race or Color (if not of the white race),*	W
3. *Date of Birth,*	June 22nd 1889
4. *Place of Birth (Street and Number),*	14 Int Royal Terrace
5. *Full Name of Mother,*	Grace Dorsey
6. *Mother's Maiden Name,*	Frank
7. *Mother's Birthplace,*	Phila PHV
8. *Full Name of Father,*	Thomas H Dorsey
9. *Father's Occupation,*	Dentist
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Dr R Winslow
Address,	1 Int Royal Terrace
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Notice. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A 12927
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	N
3. *Date of Birth,*	June 22 - 1889
4. *Place of Birth, (Street and Number)*	418 N. Duncan Alley
5. *Full Name of Mother,*	Antonie Zoubek
6. *Mother's Maiden Name,*	" " Kunka
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Jozef Zoubek
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes
Remarks,	

HEALTH DEPARTMENT BALTIMORE CITY

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. A 12928
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22 1889
4. *Place of Birth, (Street and Number)*	Cuba St. No. 1619
5. *Full Name of Mother,*	Annie Ettel
6. *Mother's Maiden Name,*	Annie Prenger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph H Ettel
9. *Father's Occupation,*	Milk Dairy.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d A 12929

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 1889
4. *Place of Birth, (Street and Number)* Nicelson St.
5. *Full Name of Mother,* Kate Nehemasman
6. *Mother's Maiden Name,* Kate Bornhorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernerd Nehemasman
9. *Father's Occupation,* Cig Cergarmaker
10. *Father's Birthplace,* Germena

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Cuba St

Remarks, Baltimore

HEALTH DEPARTMENT BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 17920

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1889
4. *Place of Birth, (Street and Number)* 2233 East Baltimore St.
5. *Full Name of Mother,* Katie A. Lawder
6. *Mother's Maiden Name,* " " Bean
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Barnett P. Lawder
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. James D. H. Thom, M.D.

Address, 2225 E. Balto St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3/16/44 9H.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 12931
1. *Sex, (state whether male or female)*	Michael Andrew Male Bartholomey
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 22 - 89
4. *Place of Birth, (Street and Number)*	424 N Spring
5. *Full Name of Mother,*	Mary Bartholomy
6. *Mother's Maiden Name,*	" ~~Mc~~ Garrity
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Bartholomy
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 W Lanvale St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 12932

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* June 22d 1889
4. *Place of Birth (Street and Number),* 622 George St
5. *Full Name of Mother,* Clara Cornelia Hook
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* David Hook
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D.

Address, 953 Madison Ave

Remarks,

HEALTH DEPARTMENT
JUL 3 1889
BALTIMORE

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

JUL 5 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth D 13733

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22nd 1899

4. Place of Birth, (Street and Number) 723 Colvin Place

5. Full Name of Mother, Martha Thomas Dooley

6. Mother's Maiden Name, Martha Thomas Dellinger

7. Mother's Birthplace, Virginia

8. Full Name of Father, John F. Dooley

9. Father's Occupation, Plumber

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J. B. Saunders M.D.

Address, 859 E. Chase St.

Remarks,

John Murphy & Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd A 129311

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 22 nd
4. *Place of Birth (Street and Number),* 444 E. Fort Ave
5. *Full Name of Mother,* Mrs. Elmyra ~~Dillehunt~~ Dillehunt
6. *Mother's Maiden Name,* Sewell
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm J. Dillehunt
9. *Father's Occupation,* Ice dealer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. H F Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6A 1293
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 22/89
4. *Place of Birth, (Street and Number)*	N° 2016 Bank St.
5. *Full Name of Mother,*	Mary Meier
6. *Mother's Maiden Name,*	Becker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Meier
9. *Father's Occupation,*	Cigar-Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Knafl.
Address,	N° 401 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 12931

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22/89
4. *Place of Birth, (Street and Number)* No 741 Burke St.
5. *Full Name of Mother,* Mary Harper
6. *Mother's Maiden Name,* Simick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gerhard Harper
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT, JUL 6 1889 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A 12937

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1889
4. *Place of Birth, (Street and Number)* Orleans St No 1412
5. *Full Name of Mother,* Barbara Baer
6. *Mother's Maiden Name,* Barbara Horn
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Baer
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 3 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13938

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	William Henry Hutson / ~~Female~~ Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	7th June 22, 1889
4. *Place of Birth, (Street and Number)*	715 Luzerne St.
5. *Full Name of Mother,*	Mary Hutson
6. *Mother's Maiden Name,*	Mary Behrens
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jefferson Hutson
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sargent
Address,	726 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Certificate of Baptism

This Certifies

That William Henry Hutson,

Son of Isaac J. Hutson and his wife Mary, neé Berner,

was born June 21, 1889 in Baltimore

was ~~xxxxxx~~

Baptized

in the Name of the Father, and of the Son, and of the Holy Ghost.

on the 14th day of July in the year of our Lord 19 1889

by the Rev. A. Schwartz, then pastor German United Evangelical Church

Rev. Titus Lehmann Pastor.

United Evangelical Church, Baltimore.

He that believeth and is baptized shall be saved

Mark 16:16

NO 18 A C.K. GIBSON & CO., NEW YORK CITY

Con - 2-8-1930 By - J E Wehm - Reg.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 11934
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	22nd June
4. *Place of Birth, (Street and Number)*	825 W Henry St
5. *Full Name of Mother,*	Lou Perkins
6. *Mother's Maiden Name,*	Lou Turner
7. *Mother's Birthplace,*	Carroll Co Md.
8. *Full Name of Father,*	Linus E Perkins
9. *Father's Occupation,*	Cedar ware Cooper
10. *Father's Birthplace,*	Baden Co S Carolina
Name of Medical Attendant, or other person who makes this Return.	Mrs G Seebach
Address,	735 W Pratt St
Remarks,	

JUL 2 1900

BALTIMORE MD.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Ida A 12940

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 22nd 89
4. Place of Birth, (Street and Number) 28 Albemarle St
5. Full Name of Mother, Annie Goldstein
6. Mother's Maiden Name, " Rosenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Goldstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

HEALTH DEPARTMENT JUL 6 1889 BALTIMORE CITY

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 12941

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 22nd 1889. 4.33 P.M.
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, } Caroline Priscoe
6. Mother's Maiden Name, }
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Maternité

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fine and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 15943

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White
3. Date of Birth, June 22nd 1880
4. Place of Birth, (Street and Number) No 1048 Barrie st.
5. Full Name of Mother, Rosa F. Heiner.
6. Mother's Maiden Name, Rosa F. Mahr.
7. Mother's Birthplace, Balto
8. Full Name of Father, John Heiner.
9. Father's Occupation, Carter.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C Seeback.

Address, No 735 W Pratt st

Remarks,

BALTIMORE, MD. JUL 2 1880

[illegible] schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 1143
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 22nd 1889
4. *Place of Birth, (Street and Number)*	# 660 Haw St.
5. *Full Name of Mother,*	Annie E. Butler
6. *Mother's Maiden Name,*	Bank
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm J. Butler Jr.
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	R. C. L 22
Address,	Hanover St
Remarks,	

WM. J. O. MULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 A 17944

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22/89
4. *Place of Birth, (Street and Number)* No 2220 Eastern Ave
5. *Full Name of Mother,* Kate Krick
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Krick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT JUL 6 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3rd A 17945

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1889
4. *Place of Birth, (Street and Number)* 190 Pennsylvania Avenue
5. *Full Name of Mother,* Mary Houck
6. *Mother's Maiden Name,* Mary Middle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Houck
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Mesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

BALTIMORE, MD. JUL 1 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] comply with the provisions of this section shall be subjected to the fine of ten (10) dollars [illegible] recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Ellsworth Dorsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12946

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 22d 1889.
4. *Place of Birth (Street and Number),* 1021 N Carey St.
5. *Full Name of Mother,* Blanche E Dorsey.
6. *Mother's Maiden Name,* Blanche E Morris.
7. *Mother's Birthplace,* Reisterstown Balto Co Md
8. *Full Name of Father,* Thomas G Dorsey.
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Geo D Pennington MD.

Address, 804 N Carrollton Ave.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixt child 2947

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 June 1889
4. *Place of Birth, (Street and Number)* 1133 Cleveland Street
5. *Full Name of Mother,* Mary Illafka
6. *Mother's Maiden Name,* Mary Beklar
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Illafka
9. *Father's Occupation,* Terra Cottaworker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Mrs Bang

Address, 711 [illegible]

Remarks,

HEALTH DEPARTMENT
JUL 2 1889
BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13948

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 23 June
4. *Place of Birth, (Street and Number)* 859 Columbia Av.
5. *Full Name of Mother,* Lizzie Smith
6. *Mother's Maiden Name,* Lizzie Roesser
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs C Seeback

Address, 735 W Pratt st.

Remarks,

BALTIMORE, MD.

JUL 2

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, unless the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2 nd A 17949
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23rd 1889
4. *Place of Birth, (Street and Number)*	578 Baker Street
5. *Full Name of Mother,*	Mary Kenedy
6. *Mother's Maiden Name,*	Mary Kenny
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin Kenedy
9. *Father's Occupation,*	Labarer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Messenghil
Address,	1501 Pennsylvania Ave
Remarks,	

HEALTH DEPARTMENT BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child A.P. 950

1. *Sex, (State whether male or female)* Famale
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 23rd 1889
4. *Place of Birth, (Street and Number)* Sanders st, no 1511
5. *Full Name of Mother,* Mary Arey
6. *Mother's Maiden Name,* Mary ~~Leary~~ Weiner
7. *Mother's Birthplace,* Lunnans Cty Mereland
8. *Full Name of Father,* John Early
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A Tully

Address, No. 1828 Light st,

Remarks, doing well

DEPARTMENT JUL 6 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12951

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	June 23d 1889
4. *Place of Birth, (Street and Number)*	15 Maple Ave. West Woodberry. Balt.
5. *Full Name of Mother,*	Ella Kate Ruby
6. *Mother's Maiden Name,*	Ella Kate Webster
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	Jonas E. Ruby
9. *Father's Occupation,*	Stone-mason
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower, M. D.
Address,	119 - 3d Ave. Woodberry, Balt. Md
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 — A 17952

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 June
4. *Place of Birth, (Street and Number)* 1414 Linthorp st.
5. *Full Name of Mother,* Anna Christ
6. *Mother's Maiden Name,* Anna Dressel
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* Christ Christ
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Ave.

Remarks,

...shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* A. 2953
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* June 25/89
5. *Place of Birth, (Street and Number)* No 525 Rose St.
6. *Full Name of Mother,* Annie Lowell
7. *Mother's Maiden Name,* Lowenstein
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Christopher Lowell
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

RECEIVED DEPARTMENT OF HEALTH JUL 6 1889 BALTIMORE

GEO. J. O. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 23rd
4. *Place of Birth, (Street and Number)*	1516 Asquith St.
5. *Full Name of Mother,*	Susan Mattern
6. *Mother's Maiden Name,*	Susan Foster
7. *Mother's Birthplace,*	Hemington Pa.
8. *Full Name of Father,*	Williams Mattern
9. *Father's Occupation,*	Watchman. Pa. R. R.
10. *Father's Birthplace,*	Tyrone Pa.
Name of Medical Attendant, or other person who makes this Return.	Martha A. Foster
Address,	1518 Asquith St.
Remarks,	Mother and Child doing

JUL 2 1902

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13955

HEALTH DEPARTMENT
JUL 1 1899
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	23th of June
4. Place of Birth, (Street and Number)	301 W. H. Henry
5. Full Name of Mother,	Lina Scharnetzki
6. Mother's Maiden Name,	Lina Kirschki
7. Mother's Birthplace,	Prusion
8. Full Name of Father,	Custav Scharnetzki
9. Father's Occupation,	Restaurant
10. Father's Birthplace,	Prusion
Name of Medical Attendant, or other person who makes this Return,	Friedericke Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1295

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 23rd 1899
4. *Place of Birth, (Street and Number)* 1211 N. Bond St
5. *Full Name of Mother,* Mary E. Hayes
6. *Mother's Maiden Name,* Mayberry
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John E. Hayes
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return — Thaddeus Oakley M.D.

Address, 914 N. Charles St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12957

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 23 June
4. *Place of Birth (Street and Number),* 623 Eden St
5. *Full Name of Mother,* Lilian McGee
6. *Mother's Maiden Name,* Lilian Lamm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert McGee
9. *Father's Occupation,* Clerch
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink Midwife

Address, 907 Hillen St.

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 12758

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 23 1889
4. *Place of Birth, (Street and Number)* 1054 [illegible] Raborg
5. *Full Name of Mother,* Dallas Lewis
6. *Mother's Maiden Name,* Dallas Harrington
7. *Mother's Birthplace,* Essex County Va
8. *Full Name of Father,* Richard Lewis
9. *Father's Occupation,* barber
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other Person who makes this Return Eliza Cornish

Address, 27 Carrolton St

Remarks, the baby is still alive

BIRTH DEPARTMENT JUL 1 1889 BALTIMORE MD

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 12959

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 23 1889
4. *Place of Birth, (Street and Number)* Lapple st 511
5. *Full Name of Mother,* Francey Nava
6. *Mother's Maiden Name,* Francey Sulul
7. *Mother's Birthplace,* Bohiemea
8. *Full Name of Father,* Frank Sulul
9. *Father's Occupation.* Tabor
10. *Father's Birthplace,* Bohiemea

Name of Medical Attendant, or other person who makes this Return. Maya Kopter

Address, Washington st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 First A 12960
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	23rd June 1889
4. *Place of Birth, (Street and Number)*	No 2 Hollins st
5. *Full Name of Mother,*	Mrs Thegler
6. *Mother's Maiden Name,*	Miss Harn
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	~~Atkins~~ Mr Thegler
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2126 Pratt st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st . A. 12961
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23rd
4. *Place of Birth, (Street and Number)*	1916 E. Bank st
5. *Full Name of Mother,*	Mary Bonyork
6. *Mother's Maiden Name,*	" Wittgrft
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Bonyork
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

1918 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child 1296

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 23. 1889.
4. Place of Birth, (Street and Number) 618 Pierce Street
5. Full Name of Mother, Dukey Groce
6. Mother's Maiden Name, Lomax
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Will Groce
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address, 509 Preston Street

Remarks,

JUN 29 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth A. 13963

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23 - 89
4. *Place of Birth, (Street and Number)* 1709 Lancaster St
5. *Full Name of Mother,* Mary. Sturgeon
6. *Mother's Maiden Name,* " Stayer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Augustus F. Sturgeon
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 12984

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23d 1889
4. *Place of Birth, (Street and Number)* 2121 Penna Av
5. *Full Name of Mother,* Catharine Norris
6. *Mother's Maiden Name,* Mewshaw
7. *Mother's Birthplace,* Anne Arundel Co
8. *Full Name of Father,* John Norris
9. *Father's Occupation,* Storekeeping
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler M.D.

Address,

Remarks,

HEALTH DEPARTMENT, JUL 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 24 "87
4. *Place of Birth, (Street and Number)* 367 S Monroe St
5. *Full Name of Mother,* Virginia Cowan
6. *Mother's Maiden Name,* " Dunn
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Franklin Cowan
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. E. Ullrich M D

Address, Pratt & Stricker Sts.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12966

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colard
3. *Date of Birth,*	June 24
4. *Place of Birth, (Street and Number)*	1113 Parish st Baltimore md
5. *Full Name of Mother,*	Priscilar Harvey
6. *Mother's Maiden Name.*	Priscilla Johnson
7. *Mother's Birthplace,*	West River
8. *Full Name of Father,*	James W Harvey
9. *Father's Occupation,*	Drives Manure Cart
10. *Father's Birthplace,*	Calvert County
Name of Medical Attendant, or other person who makes this Return.	Mary E Johns
Address,	1124 Saratoga St
Remarks,	Baltimore

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, on the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — A 12967

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 24 — 89
4. *Place of Birth, (Street and Number)* 118 So. Exeter St.
5. *Full Name of Mother,* Katherine Hennessy
6. *Mother's Maiden Name,* " Neophy
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Hennessy
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Brack G Moyer M.D.

Address, 4 So. Exeter St.

Remarks,

HEALTH DEPARTMENT
JUL 10 1889
BALTIMORE

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, June 24th 1889
4. Place of Birth, (Street and Number) 234 Bond st
5. Full Name of Mother, Eliza Flabiger
6. Mother's Maiden Name, " " " Shipple
7. Mother's Birthplace, City
8. Full Name of Father, Joseph Flabiger
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1141 Bank st

Remarks,

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child A 967
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 24 1889.
4. *Place of Birth, (Street and Number)*	1203 Leadenhall st.
5. *Full Name of Mother,*	Anna Hielein.
6. *Mother's Maiden Name,*	Miller.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Hielein.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lehnvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

HEALTH DEPARTMENT APR 6 1889 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) A 12970

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24th 1894
4. *Place of Birth, (Street and Number)* 1804 Lehman St
5. *Full Name of Mother,* Fanny Brand
6. *Mother's Maiden Name,* " Silvers.
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Robt F Brand
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Thomas F Hill M.D.

Address, 1401 N. Fayette st

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12971

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th 1889.
4. *Place of Birth, (Street and Number)* #1518 Orleans St
5. *Full Name of Mother,* Louise De Witt
6. *Mother's Maiden Name,* " Jehnert
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Herman De Witt.
9. *Father's Occupation,* Saloon Keeper.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

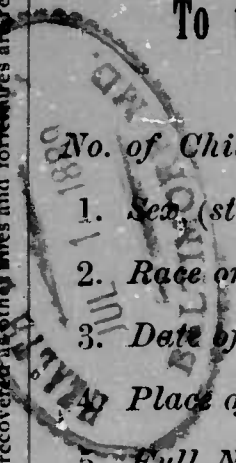
HEALTH DEPARTMENT JUL 1 1889 BALTIMORE, MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 13 972

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 24. 1889.
4. Place of Birth, (Street and Number) 611 E. Lombard Str.
5. Full Name of Mother, Mary Knulenedo
6. Mother's Maiden Name,
7. Mother's Birthplace, England
8. Full Name of Father, Charles Knulenedo
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Eden Str.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required above, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th. A. 12973

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 24. 1889.
4. Place of Birth, (Street and Number) 10052 Granby Str.
5. Full Name of Mother, Esther Hoffman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Samuel Hoffman
9. Father's Occupation, Pedler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeterstr.

Remarks,

HEALTH DEPARTMENT
JUL 1 1889
BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12 174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, June 24 - 1889
4. Place of Birth, (Street and Number) 226 Vincent Street
5. Full Name of Mother, Louise Musgrove
6. Mother's Maiden Name, Louise Zimmer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Musgrove
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs M. L. Shaffer

Address, 835 Mangold Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, & be prosecuted as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 12975

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Chil

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th
4. *Place of Birth, (Street and Number)* West Ramsey St No 2001
5. *Full Name of Mother,* Reachal F Baley
6. *Mother's Maiden Name,* Sicpes
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John Bally
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Bandin P A

Name of Medical Attendant, or other Person who makes this Return M F Lerman

Address, No 339 Southwoodyear St

Remarks, fine healthy Child

BALTIMORE, MD. JUL 3 1889

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A 12976
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 24 89.
4. Place of Birth, (Street and Number)	712 Liberty Alley
5. Full Name of Mother,	Florence Veara
6. Mother's Maiden Name,	" Reather
7. Mother's Birthplace,	Md
8. Full Name of Father,	Wm. Veara
9. Father's Occupation,	Teamster
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson
Address,	726 E. Preston
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 24th
4. *Place of Birth, (Street and Number)*	1001 W. Cross st
5. *Full Name of Mother,*	Florence Rusidas
6. *Mother's Maiden Name,*	" Heathus
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	John Rusidas
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Burch M.D.
Address,	571 Hanover st
Remarks,	

A 12977

JUL 3 1895

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. HILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 12978

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Calvert Co MD
4. *Place of Birth, (Street and Number)* 239 Rock St
5. *Full Name of Mother,* Rosa Scribner
6. *Mother's Maiden Name,* Rosa Jones
7. *Mother's Birthplace,* West River MD
8. *Full Name of Father,* Walter Scribner
9. *Father's Occupation,* mechanic
10. *Father's Birthplace,* Calvert Co MD

Name of Medical Attendant, or other Person who makes this Return. Mr Amelia Banks

Address, 930 Eutaw Street

Remarks,

BALTIMORE, MD.

and shall enter the same for a [illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been [illegible]) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13 779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	female.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	24th June
4. Place of Birth (Street and Number),	1021. N. Front St
5. Full Name of Mother,	Katy Yoe
6. Mother's Maiden Name,	Katy Calelane
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Charlie Yoe
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. D. Zink Midwife.
Address,	X 907. Fulton St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the father, or in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. **A.** 12181

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 24th
4. *Place of Birth (Street and Number),* 1804 W Saratoga St
5. *Full Name of Mother,* Mrs Rosie L. Cook
6. *Mother's Maiden Name,* " " Park
7. *Mother's Birthplace,* N.Y. State
8. *Full Name of Father,* Emory L. Cook
9. *Father's Occupation,* Commission merchant
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return. H F Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1897 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A. 12981
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 24
4. *Place of Birth, (Street and Number)*	#21 Mount Olivet Lane
5. *Full Name of Mother,*	Mary Lizzie Held
6. *Mother's Maiden Name,*	" " Fink.
7. *Mother's Birthplace,*	Baltimore County.
8. *Full Name of Father,*	Anton Held.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Prussia.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106. S. Monroe St.
Remarks,	

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12982

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the Second

1. Sex, (state whether male or female) It a Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 24th June
4. Place of Birth, (Street and Number) Hicory Avenue Hampden Balto
5. Full Name of Mother, Lulu May O'Brien
6. Mother's Maiden Name, Lulu May Bennett
7. Mother's Birthplace, Carroll County Md
8. Full Name of Father, Jas. T. O'Brien
9. Father's Occupation, Black Smith
10. Father's Birthplace, Woodberry Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Sullivan

Address, 252 Hickory Ave Balto Md.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SHLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Moses & Haskel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 2nd Twin A12983

1. *Sex, (state whether male or female)* Males
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24 - 89
4. *Place of Birth, (Street and Number)* 137 Harrison St
5. *Full Name of Mother,* Fredericka Cohen
6. *Mother's Maiden Name,* Murshavitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks, Twins

AUG 6 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13984

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 1889
4. *Place of Birth, (Street and Number)*	2017 E. Biddle
5. *Full Name of Mother,*	Mary F. Kerning
6. *Mother's Maiden Name,*	Mary F. Favish
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Wm E. Kerning
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mary Behrnes
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A 12986
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th. 1889
4. *Place of Birth, (Street and Number)*	511 Eden St.
5. *Full Name of Mother,*	Barbara R. Hesse
6. *Mother's Maiden Name,*	Barbara Rider
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	John D. Hesse,
9. *Father's Occupation,*	Liquor Dealer
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Chas St. & Fremont Place,
Remarks,	

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A 12986

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* N.
3. *Date of Birth,* June 26. 1889
4. *Place of Birth, (Street and Number)* 510 N. Gilmore St
5. *Full Name of Mother,* Nanme Thomas
6. *Mother's Maiden Name,* " Doty
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Ed. G. Thomas
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Chas. W. Neff

Address, 763 W. Fayette St

Remarks,

...at the child of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-2-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Ethel Goodwin, St A 12957

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 26 — 89
4. *Place of Birth, (Street and Number)*	125 S. Exeter St.
5. *Full Name of Mother,*	Jennie Goodwin
6. *Mother's Maiden Name,*	Jennie Donohue
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm C. Goodwin
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	Frank Gillespie M.D.
Address,	4 So Exeter St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) A. 12988

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race).* White
3. *Date of Birth,* June 27th 1879
4. *Place of Birth, (Street and Number)* 902 W. Baltimore
5. *Full Name of Mother,* Mary E. Spring
6. *Mother's Maiden Name,* Mary E. Garfield
7. *Mother's Birthplace,* York Springs ~~Pa~~ Adams Co Pa
8. *Full Name of Father,* Geo S. Spring
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Bryn Mall

Name of Medical Attendant, or other person who makes this Return. H. E. Spring Mr

Address, 855 W. Lombard St

Remarks,

[illegible] shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13989

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1889
4. *Place of Birth, (Street and Number)* #809 Jefferson Ave. Waverly City
5. *Full Name of Mother,* Margaret L. Kraemer
6. *Mother's Maiden Name,* " " Eagan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry W. Kraemer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, #811 Jefferson Ave Waverly City

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1889 J. D. ULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A 12990

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 27th 1869
4. *Place of Birth, (Street and Number)* Jenkins Lane Balto City
5. *Full Name of Mother,* Catherine A Hiob
6. *Mother's Maiden Name,* " " Kample
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Charles C Hiob
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly City

Remarks,

HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person obtain attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th A. 12991
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 27 1889
4. *Place of Birth, (Street and Number)*	514 Monument
5. *Full Name of Mother,*	M. Caul
6. *Mother's Maiden Name,*	M. Hockada
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	P. Caul
9. *Father's Occupation,*	Currier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. A. Butler
Address,	1215 E. Monument St. cor. Central ave
Remarks,	All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 12992

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th, 1889
4. Place of Birth, (Street and Number) 816 Aisquith St.
5. Full Name of Mother, Bessie Rhoda Schreiber Mitnick
6. Mother's Maiden Name, Bessie Rhoda Schreiber
7. Mother's Birthplace, London England
8. Full Name of Father, Jacob J. H. Mitnick
9. Father's Occupation, Attorney at law
10. Father's Birthplace, Mariampol, Russian Poland

Name of Medical Attendant, or other person who makes this Return. G. G. Kusk M. D.

Address, 1200 E. Balto St.

Remarks, ~~1200 E. Balto~~

Delivery by version

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12993

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday June 29th. 1889
4. *Place of Birth, (Street and Number)*	929 Valley St.
5. *Full Name of Mother,*	Hannah Kearney
6. *Mother's Maiden Name,*	Hannah Kiley.
7. *Mother's Birthplace,*	Charleston, S.C.
8. *Full Name of Father,*	Michael Kearney.
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Chase St. & Fremont Place.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 12994

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 day June 1889
4. *Place of Birth, (Street and Number)* 218 Little Street
5. *Full Name of Mother,* Alice Smith
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Benjamin Meeds
9. *Father's Occupation,* Clean office
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Maker 128 York St

Address, Sarah E. Dixon 221 Welcome alley

Remarks,

HEALTH DEPARTMENT, JUL 11 1889, BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A 12995
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 30, 1889
4. Place of Birth, (Street and Number)	1005 Hoffman St.
5. Full Name of Mother,	A. M. Derring
6. Mother's Maiden Name,	A. M. Metz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J. Derring
9. Father's Occupation,	Stone-cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Burr.
Address,	1215 E. Monument St. cor. Centre ave
Remarks,	See Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child B 1995

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 30/89
4. Place of Birth (Street and Number), 102 N. Paca St. Rear.
5. Full Name of Mother, Ida ~~Snyder~~ Deland
6. Mother's Maiden Name, " Snyder
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Deland
9. Father's Occupation, Mariner
10. Father's Birthplace, Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D

Address, 129 S Broadway

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 B 197

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 30th 1889
4. Place of Birth, (Street and Number) #43 Washington St. Homestead City
5. Full Name of Mother, Agneta Waldschmidt
6. Mother's Maiden Name, " Bruns
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis Waldschmidt
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R. V. Rankin M.D.

Address, Waverly Balto. Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 12998

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 30th 1889
4. *Place of Birth, (Street and Number)* Jenkins Lane City Annex
5. *Full Name of Mother,* Amelia Linck
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John H Linck
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, #811 Jefferson Ave Waverly City

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 12999

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, June 30th 1889
4. Place of Birth, (Street and Number) Oliver St
5. Full Name of Mother, Catherine Shaney
6. Mother's Maiden Name, " Linhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Shaney
9. Father's Occupation, Shipping Master
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo B Reynolds M.D.

Address, 711 W. Calvert St

Remarks,

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child B 130 00
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1881
4. *Place of Birth, (Street and Number)*	2153 William St
5. *Full Name of Mother,*	Amelia Jacop.
6. *Mother's Maiden Name,*	Amelia Browning
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Jacop.
9. *Father's Occupation,*	Coal business
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Easley
Address,	210 E. Hoath St.
Remarks,	Doing Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th A. 13001

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 12th of June 1889
4. *Place of Birth, (Street and Number)* 1722 Willigen St
5. *Full Name of Mother,* Mary Watts
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* H. Watts
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mary Watts

Address, 373 N. Carolina St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th — A 13002

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 13th 1889
4. *Place of Birth, (Street and Number)* 410 N. Carrollton
5. *Full Name of Mother,* Mrs A. Bishop
6. *Mother's Maiden Name,* A. Hochadel
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Geo. Bishop
9. *Father's Occupation,* Store Keeper & Gauger
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mary Walsh

Address, 515 N. Carrollton

Remarks,

WM. J. C. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13003

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th June
4. Place of Birth, (Street and Number) 1907 W. Lombard st
5. Full Name of Mother, Mary Eden McCrabb
6. Mother's Maiden Name, " " Graham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert McCrabb
9. Father's Occupation, Drover
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs E Durnal

Address, 1927 W Lombard St

Remarks, Very Satisfactory

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child A 13004

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 28 of June 1889
4. *Place of Birth, (Street and Number)* Baltimore Lanvale St 533
5. *Full Name of Mother,* Alice Brummond Gate
6. *Mother's Maiden Name,* Alice B Woodfork.
7. *Mother's Birthplace,* Charlottsville Va
8. *Full Name of Father,* Thomas Alexanderia Gate
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Warsaw Richmond Co Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Cotavice

Address, 509 B. Preston St

Remarks,

[illegible] shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13005

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1892
4. *Place of Birth, (Street and Number)* #607 Barrett St.
5. *Full Name of Mother,* Lizzie Bruder
6. *Mother's Maiden Name,* Apple.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Bruder
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1088 E. Monument St

Remarks,

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, or the parents, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13006

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1889
4. *Place of Birth, (Street and Number)* 1832 Monument Ave.
5. *Full Name of Mother,* Caroline Rehrman
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Rehrman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Miller

Address, 1038 E. Monument St.

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13007

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 29th 89
4. Place of Birth, (Street and Number)	#1791 Barclay St
5. Full Name of Mother,	Mrs Alice Elizabeth Woods
6. Mother's Maiden Name,	Alice E. Ford
7. Mother's Birthplace,	Balto- City
8. Full Name of Father,	Hudson A. Woods
9. Father's Occupation,	Manf. Sash & Blind Factory
10. Father's Birthplace,	Balto- Co.
Name of Medical Attendant, or other person who makes this Return.	Geo. L. Gulany
Address,	#1628 Calvert St.
Remarks,	

The Board of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 13008
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 29th 1889
4. *Place of Birth, (Street and Number)*	Collins Court No 1
5. *Full Name of Mother,*	Fredericka Haug
6. *Mother's Maiden Name,*	Dangelmeier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Haug
9. *Father's Occupation,*	Barkeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Dunler
Address,	247 Schroeder St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Rebecca A. 13019

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1889
4. Place of Birth, (Street and Number) E Pratt st #906
5. Full Name of Mother, Sadha Cushner
6. Mother's Maiden Name, Sarha Calensky
7. Mother's Birthplace, Russia
8. Full Name of Father, Jakia Cushner
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address, Albemarle St # 183

Remarks,

register of such birth, and shall enter the same ... furnished by the Commissioner of Health. This schedule shall contain a list of ... under his or her care during the month, and shall set forth as far as the same ... each child, if any shall have been conferred) its sex, color, the full name ... and place of birth; and the said schedule shall be delivered, duly signed ... a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a ... or midwife, or should no other person be in attendance upon the mother, immediately thereafter ... shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 13110

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth June 30 –

4. Place of Birth (Street and Number) 917 E. Biddle St

5. Full Name of Mother Octavia Bowen

6. Mother's Maiden Name " Evans

7. Mother's Birthplace Baltimore

8. Full Name of Father John B. Bowen

9. Father's Occupation Brakesman on B. P. R.R.

10. Father's Birthplace Balto. County

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross M.D.

Address 1435 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13011

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 30th 1889
4. *Place of Birth (Street and Number),* 510 W. Biddle St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Buckheimer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Lancaster
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks, E. W. Free M.D. 602 N. Carey St

[illegible] whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child **A.** 13012

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 1 of June
4. *Place of Birth, (Street and Number)* 707 Sarah Ann Street
5. *Full Name of Mother,* Emma Harris
6. *Mother's Maiden Name,* " Tilghman
7. *Mother's Birthplace,* Talbott County
8. *Full Name of Father,* Lucian Harris
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Georgia County

Name of Medical Attendant, or other person who makes this Return. Hester Cotanee

Address, 509 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 13013
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 4th 1889
4. *Place of Birth. (Street and Number)*	1108 Carroco St
5. *Full Name of Mother,*	Annie A Armiger
6. *Mother's Maiden Name,*	" Schnepp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Sam'l Armiger
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	Premature birth. Foetus about 5½ months development. Lived 8 hours

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 130111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Jany
4. *Place of Birth, (Street and Number)* 2237 Essex St
5. *Full Name of Mother,* ~~Wat~~ Hulda Schulte
6. *Mother's Maiden Name,* = Nothdurft
7. *Mother's Birthplace,* ~~D~~ Hessen Germ
8. *Full Name of Father,* Wilhelm Schulte
9. *Father's Occupation,* Laboln
10. *Father's Birthplace,* Osnabrück Germ.

Name of Medical Attendant, or other person who makes this Return. Mrs. G Weiss

Address, 2524 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Florence Edna Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the A. 13015

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Jeny
4. Place of Birth, (Street and Number) 506 Bradford Alley
5. Full Name of Mother, (Getrud) (Michael) Gertrude Heckmann
6. Mother's Maiden Name, = (Mitchel) Mitchell
7. Mother's Birthplace, Balt
8. Full Name of Father, Thomas (Michael) H. Mitchell
9. Father's Occupation, Sailor (Sailor)
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Lewis.

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 13018

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 1: 1889
4. Place of Birth, (Street and Number) 1911 E Madison Ave
5. Full Name of Mother, Mary Emma Pearson
6. Mother's Maiden Name, " " Jobe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Pearson
9. Father's Occupation, Packer of Fruit &c
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. L. Williams

Address, 900 Madison Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — 1817

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Color
3. Date of Birth, June 8
4. Place of Birth, (Street and Number) 110 Main st
5. Full Name of Mother, ~~Mary Tolson~~ Mary Dire
6. Mother's Maiden Name, Mary Tolson
7. Mother's Birthplace, Baltimor
8. Full Name of Father, John Dire
9. Father's Occupation, Work about
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 419 south Howard st

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 13018

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 thu

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Jany
4. *Place of Birth, (Street and Number)* 621 Bradford Alle
5. *Full Name of Mother,* Anne Nicklas
6. *Mother's Maiden Name,* = Kratz
7. *Mother's Birthplace,* Hessen
8. *Full Name of Father,* John Nickls
9. *Father's Occupation,* Insurance Agent
10. *Father's Birthplace,* West Perussien

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weis's

Address, 25 24 Lancaster Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles Randolph Richards

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 13019

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 9th 1889
4. Place of Birth, (Street and Number) 1043 Fulton Ave
5. Full Name of Mother, Susan C Richards
6. Mother's Maiden Name, " " James
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Randolph Richards
9. Father's Occupation, Car Driver
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Geo R Graham M.D.

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Missing #A 13020

A-13020-1889

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of Large Vol 10

A. 13020

GIVEN NAME ADDED 7-27-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Wheeler Earley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child **A** 13021

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* october 26 the 1888
4. *Place of Birth, (Street and Number)* 516 Bloom st
5. *Full Name of Mother,* Rachel A Earley
6. *Mother's Maiden Name,* Rachel A Shaffer
7. *Mother's Birthplace,* Carroll County
8. *Full Name of Father,* Samuel Earley
9. *Father's Occupation,* Mill Right
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other Person who makes this Return. Sarah Det

Address, 226 Elleng st

Remarks,

[illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible]hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one A. 13+22

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 of november
4. *Place of Birth, (Street and Number)* 1524 Etting st
5. *Full Name of Mother,* Annie Bailey
6. *Mother's Maiden Name,* Annie Penhell
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Lewis H Bailey
9. *Father's Occupation,* porter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Sarah Pits

Address,

Remarks,

HEALTH DEPARTMENT JUN 7 1889 BALTIMORE

[illegible] the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible]hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 13022
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Dec 13th 1888
4. *Place of Birth (Street and Number),*	1107 N. Bond
5. *Full Name of Mother,*	Sarah Collins
6. *Mother's Maiden Name,*	Crocket
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Geo W Collins
9. *Father's Occupation,*	Cake baker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Dr. C. Billingslea Jno
Address,	1206 E. Preston st
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A. 13024

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colto Colored
3. *Date of Birth,* 9 december th 22 1888
4. *Place of Birth, (Street and Number)* 2827 devision street
5. *Full Name of Mother,* Martha wilson
6. *Mother's Maiden Name,* Martha Gibbs
7. *Mother's Birthplace,* Queenanns county maryland
8. *Full Name of Father,* Thomas H. wilson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Oxford marland

Name of Medical Attendant, or other Person who makes this Return. Sarah Dot

Address, 2206 etting Street

Remarks, non

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 13025

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Jan 1 187
4. *Place of Birth, (Street and Number)* Hamburg St 402
5. *Full Name of Mother,* Cordelia Jones
6. *Mother's Maiden Name,* Cordelia
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Milton Jones
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah A. Jones

Address, York St 1 0 2 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth child. 13026

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 2th of January. 1889.
4. *Place of Birth, (Street and Number)* 908 Little Pine Street.
5. *Full Name of Mother,* Eliza Williams
6. *Mother's Maiden Name,* Eliza Mc Clane.
7. *Mother's Birthplace,* Baltimore City Maryland.
8. *Full Name of Father,* Anthony Williams.
9. *Father's Occupation,* Laboring.
10. *Father's Birthplace,* Prince George's County

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st	A. 13027
1. Sex (state whether male or female),	Male	/
2. Race or Color (if not of the white race),	White	/
3. Date of Birth,	Jan 6th 1889	/
4. Place of Birth (Street and Number),	E Hoffman & Holbrook	/
5. Full Name of Mother,	Emma Kuizmaul	✓
6. Mother's Maiden Name,	Wigart	✓
7. Mother's Birthplace,	Balto Md	✓
8. Full Name of Father,	Wm F. Kuzmaul	✓
9. Father's Occupation,	Clerk	/
10. Father's Birthplace,	Balto Md	✓
Name of Medical Attendant, or other person who makes this Return.	M B Billingslea	✓
Address,	1206 E. Preston	
Remarks,		

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 13028

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 9, 1889
4. *Place of Birth (Street and Number),* 1427 Washington ave
5. *Full Name of Mother,* Caroline O'connell
6. *Mother's Maiden Name,* Bentley
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Daniel O'connell
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return. D. C. Knipp M.D.

Address, 513 Scott St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child A 13029
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White child
3. *Date of Birth,*	January 18th 1899
4. *Place of Birth, (Street and Number)*	Bartia Avenue No 1521
5. *Full Name of Mother,*	Mary Padden
6. *Mother's Maiden Name,*	Mary Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Padden
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Dr. T Tully
Address,	1828 Light St
Remarks,	doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd — A 130 30

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Jan 14th 1887
4. Place of Birth (Street and Number), 946 Franklin st
5. Full Name of Mother, Ella Rhodes
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Rhodes
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm B. Billingslea

Address, 1206 E. Preston

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Color
3. *Date of Birth,* 30 Jany
4. *Place of Birth, (Street and Number)* 110 Hamberk
5. *Full Name of Mother,* ~~Sb~~ Sally Moor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* William Moor
9. *Father's Occupation,* Coal passer
10. *Father's Birthplace,* Kent Island

Name of Medical Attendant, or other person who makes this Return. Angerline Wilson

Address, 1049 south Howard st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13032

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	1 Feb
4. *Place of Birth, (Street and Number)*	110 sharp st
5. *Full Name of Mother,*	Mary Carter
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Wilam Carter
9. *Father's Occupation,*	Steavedor
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1619 south Howard st
Remarks,	

JUN 26 1888

BUREAU OF VITAL STATISTICS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 13033
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Feb 14 89
4. *Place of Birth (Street and Number),*	1305 Holland Ave
5. *Full Name of Mother,*	Rose Lee
6. *Mother's Maiden Name,*	Dennington
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	H. K. Rees
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return.	Wm B. Billingsley
Address,	1206 E Preston St
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 13013 4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feb 1 1887
4. Place of Birth (Street and Number),	1725 Johnson St
5. Full Name of Mother,	Sallie McAfee
6. Mother's Maiden Name,	Edel
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Clarence McAfee
9. Father's Occupation,	Clerk Balto Md
10. Father's Birthplace,	Mr. B. Baltimore
Name of Medical Attendant, or other person who makes this Return.	1206 E. Preston St
Address,	
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13025

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4 - 89
4. Place of Birth, (Street and Number) 617 N. Bond St.
5. Full Name of Mother, Ella Beard.
6. Mother's Maiden Name, Ella Carback.
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robert Beard
9. Father's Occupation, Telegrapher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return C. E. Hoffman M.D.

Address, 1812 E Balto St.

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A 12036

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, Feb 7th 89
4. Place of Birth (Street and Number), 1432 N Bond
5. Full Name of Mother, Emeth Burton
6. Mother's Maiden Name, Leuth
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Burton
9. Father's Occupation, carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billingslea

Address, 1206 E. Baltimore St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) smith A 13037

1. *Sex, (state whether male or female)* Colored
2. *Race or Color, (if not of the white race)* male
3. *Date of Birth,* 8 of February
4. *Place of Birth, (Street and Number)* 544 of Oxford Street
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* Annie Brisco
7. *Mother's Birthplace,* Bruce George's County
8. *Full Name of Father,* Benjamin Hall
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Annamundel County

Name of Medical Attendant, or other person who makes this Return. Hester Coates

Address, 519 West Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 13038

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23rd 1889.
4. Place of Birth, (Street and Number) #614 N. Gilmor St.
5. Full Name of Mother, Ida Berens
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Berens.
9. Father's Occupation, Wagon Builder.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Sullivan

Address, #1038 E. Monument St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A 13039
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~March~~ Feb. 24/89
4. *Place of Birth, (Street and Number)*	413 S. Paca St
5. *Full Name of Mother,*	Mamie Joyce
6. *Mother's Maiden Name,*	Mamie Storrs
7. *Mother's Birthplace,*	Brooklyn N.Y.
8. *Full Name of Father,*	Richard Joyce
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Joseph Bliss
Address,	614 Columbia Ave
Remarks,	

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th A 13170
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 24th 87
4. *Place of Birth, (Street and Number)*	Cor. Green & Elbow Lane
5. *Full Name of Mother,*	Rebecca Stern
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Hagerstown
8. *Full Name of Father,*	Solomon Stern
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Hagerstown
Name of Medical Attendant, or other Person who makes this Return.	Joseph Blum
Address,	641 Columbia Ave.
Remarks,	

Every Physician or Midwife in charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 13014

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, February 25th 1889.
4. Place of Birth, (Street and Number) Homans Alley #216
5. Full Name of Mother, Frusina Palatzka
6. Mother's Maiden Name, Frusina Ivanovna
7. Mother's Birthplace, Russia
8. Full Name of Father, Jim Palatzka
9. Father's Occupation, Iron-Works.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. E Schesnan

Address, Albemarle St N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child A. 1301/2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* Feb 26 1889
4. *Place of Birth (Street and Number),* Parish st 1401
5. *Full Name of Mother,* Mary M Lyles
6. *Mother's Maiden Name,* Mary M C Lyles
7. *Mother's Birthplace,* Sand Harbor Co Va
8. *Full Name of Father,* Jesse W Lyles
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 Whatcoat St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been concerned), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

The Baltimore Publishing Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13043

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27th of February 1889.
4. *Place of Birth, (Street and Number)* 1429 Wilmore Alley.
5. *Full Name of Mother,* Ella H. Woolford.
6. *Mother's Maiden Name,* Ella H. Thomas.
7. *Mother's Birthplace,* Baltimore County Maryland.
8. *Full Name of Father,* James E. Woolford.
9. *Father's Occupation,* Waiter.
10. *Father's Birthplace,* Eastern Shore.

Name of Medical Attendant, or other person who makes this Return. Chester Colance.

Address, 509 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13044

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Color
3. Date of Birth, 1 March
4. Place of Birth, (Street and Number) 110 Coral st
5. Full Name of Mother, Josefene Quinn
6. Mother's Maiden Name, Josefene Stored
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Quinn
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 1047 South Howard st

Remarks,

BALTIMORE CITY DEPARTMENT OF HEALTH JUN 20 1888

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 13145

1. Sex, (state whether male or female) male child
2. Race or Color, (if not of the white race) colord
3. Date of Birth, first of march
4. Place of Birth, (Street and Number) 933 chappel st
5. Full Name of Mother, Lilly kelly
6. Mother's Maiden Name, Lilly Gones
7. Mother's Birthplace, St. michael eastern shore md
8. Full Name of Father, perry kelly
9. Father's Occupation, sawyer by trade
10. Father's Birthplace, St michael eastern shore md

Name of Medical Attendant, or other person who makes this Return. Dr. Langley

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 13145

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 7th of March 1888

4. Place of Birth, (Street and Number) 2216 Boulden Alley

5. Full Name of Mother, Mary Bennett

6. Mother's Maiden Name, Mary Brown

7. Mother's Birthplace, Eastern Shore Md.

8. Full Name of Father, William Abraham Bennett

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, St Mary's County Md.

Name of Medical Attendant, or other Person who makes this Return. Sarah Lepto

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 13047

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 März 1889
4. *Place of Birth, (Street and Number)* Luzerne Street No. 611 Baltimore
5. *Full Name of Mother,* Anny Duban
6. *Mother's Maiden Name,* Anny Sevzik
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Josef Sevcik
9. *Father's Occupation,* Schneider
10. *Father's Birthplace,* Pilsen

Name of Medical Attendant, or other person who makes this Return, Marija Sanzlik

Address, 718 Wolfe Street.

Remarks,

HEALTH DEPARTMENT JUN 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1314/8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 März
4. Place of Birth, (Street and Number) Chapel Street N. 617 Baltimore
5. Full Name of Mother, Anna Randlik
6. Mother's Maiden Name, Mere Randlik
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Franz Randlik
9. Father's Occupation, Painter
10. Father's Birthplace, Böhmen Europe.

Name of Medical Attendant, or other person who makes this Return. Marie Randlik

Address, 718 Wolfe Street.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fourth A. 13049

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 9th
4. Place of Birth, (Street and Number) 667 Portland St Balto Md
5. Full Name of Mother, Minna Eckhardt
6. Mother's Maiden Name, " Petzold
7. Mother's Birthplace, Treuen Germany
8. Full Name of Father, Gustav Eckhardt
9. Father's Occupation, Laborer
10. Father's Birthplace, Treuen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Sobach

Address, 735 W. Pratt st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13050

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 März 1889
4. Place of Birth, (Street and Number) Chapel Print NC 28 Baltimore
5. Full Name of Mother, Mary Janda
6. Mother's Maiden Name, Mari Soukup
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Josef Janda
9. Father's Occupation, Farmer
10. Father's Birthplace, Böhmen Europe.

Name of Medical Attendant, or other person who makes this Return. Marie Hamrlik

Address, 718 Wolfe Print.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children A 13057

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born March 19th 1889

4. Place of Birth, (Street and Number) 2218 Division Street Balto city

5. Full Name of Mother, Mary E. Rider

6. Mother's Maiden Name, Mary E. Hammond

7. Mother's Birthplace, Accomack County Va.

8. Full Name of Father, Alexander W. Rider

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child A 13052

1. *Sex, (state whether male or female)* female child
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* March 21, 1889
4. *Place of Birth, (Street and Number)* 817 Norris alley
5. *Full Name of Mother,* Bettie Stevens
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* warner gets
8. *Full Name of Father,* City
9. *Father's Occupation,* Hard Carrier
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mary C Jones

Address, 1121 Saratoga St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry W. Effing 8th A. 13053 B 53

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, March 23/89
4. Place of Birth (Street and Number), 815 Ensor St.
5. Full Name of Mother, Catherine M. Effing
6. Mother's Maiden Name, " " Meehan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry J. Effing
9. Father's Occupation, Grocery Dealer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Arsenault St.

Remarks, GIVEN NAME ADDED 2-15-54

L. M.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 13054

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Mch 24th '89
4. *Place of Birth, (Street and Number)* 623 Patterson Pk Ave
5. *Full Name of Mother,* Emma Riley
6. *Mother's Maiden Name,* Emma Bell
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* W. Joseph Riley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return P. Hopkins Med. H.M.

Address, 1815 S Baltimore St.

Remarks,

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child A. 13155
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colord
3. *Date of Birth,*	March 25 1899
4. *Place of Birth (Street and Number),*	Woodyear St 927
5. *Full Name of Mother,*	Mary A Goldring
6. *Mother's Maiden Name,*	Mary A Mathews
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Richard T Goldring
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	near Port Charles Co
Name of Medical Attendant, or other person who makes this Return.	Maria Jones M.D
Address,	1337 What Coat St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. A 13055

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 1889
4. Place of Birth, (Street and Number) #827 McClean Court.
5. Full Name of Mother, Lizzie Koering.
6. Mother's Maiden Name, L. Willis
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. Koering.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 25 1889
4. *Place of Birth, (Street and Number)* Henrison st 26
5. *Full Name of Mother,* Cäcilie Goldstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac Goldstein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 129 S. Exeter st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 13057

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 25th 1889.
4. Place of Birth, (Street and Number) Light Street # 615
5. Full Name of Mother, Anne Knuck
6. Mother's Maiden Name, Anne Bosman
7. Mother's Birthplace, Russia
8. Full Name of Father, Luis Kriuck
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St # 103.

Remarks,

THE A. S. ABELL CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 13059
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th March
4. *Place of Birth, (Street and Number)*	1208 N. Bond
5. *Full Name of Mother,*	Mary V Mc Cubbins
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Richard Mc Cubbins
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 March 59
4. *Place of Birth, (Street and Number)* 210 Saratoga
5. *Full Name of Mother,* Elisabeth Hines
6. *Mother's Maiden Name,* " Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Hines
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. W. Feldman M.D.

Address, 254 Park St. Baltimore

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 20 1899 BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Male - Michel
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 27th - 1889
4. *Place of Birth, (Street and Number)* 7 Pratt street # 900
5. *Full Name of Mother,* Dora Rievken
6. *Mother's Maiden Name,* Dora Kleiman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan Rievken
9. *Father's Occupation,* Cigarett-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 13062

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1889
4. *Place of Birth, (Street and Number)* 210 S. Caroline St.
5. *Full Name of Mother,* Kate Heese
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis C. Heese
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Seldner M.D.

Address, 1 E. Cor. Caroline & Eager Sts.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 13063

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2 4th 1889
4. *Place of Birth, (Street and Number)* 630 N Eden St
5. *Full Name of Mother,* Alice A Leonard
6. *Mother's Maiden Name,* Mc Glone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Leonard
9. *Father's Occupation,* Brass finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S H Seldner M D

Address, S E Cor Carolina & Eager Sts

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 13064

1. *Sex, (state whether male or ~~female~~)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1889
4. *Place of Birth, (Street and Number)* 917 Potomac St
5. *Full Name of Mother,* Fanny Bell
6. *Mother's Maiden Name,* Fanny Halloney
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Rich Bell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. E N Fanney M D

Address, 1121 1/2 Mon Highlander

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13015

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28th March
4. Place of Birth, (Street and Number) 925 Saratoga Street.
5. Full Name of Mother, Katharina Junghaenel
6. Mother's Maiden Name, Katharina Diem
7. Mother's Birthplace, Münnerstadt, Bavaria, Germany
8. Full Name of Father, Oscar Junghaenel
9. Father's Occupation, Baker
10. Father's Birthplace, Niederlaßnitz Saxony, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dühler

Address, 217 N. Schroeder Street.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 13066

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 28th 1889
4. Place of Birth, (Street and Number) 1070 Granby st.
5. Full Name of Mother, Lena Stvaletzky
6. Mother's Maiden Name, Herz
7. Mother's Birthplace, Europe
8. Full Name of Father, Alter Stvaletzky
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 13067

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1889.
4. *Place of Birth, (Street and Number)* #1404 E. Fayette St.
5. *Full Name of Mother,* Sophia Kreisel
6. *Mother's Maiden Name,* " Kentze.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Kreisel.
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th. A. 13068

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1889.
4. *Place of Birth, (Street and Number)* #903 Low St.
5. *Full Name of Mother,* Meamy Pessagno.
6. *Mother's Maiden Name,* " Poggy.
7. *Mother's Birthplace,* Italy.
8. *Full Name of Father,* D. Pessagno.
9. *Father's Occupation,* Confectioner.
10. *Father's Birthplace,* Italy.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E Monument St

Remarks,

HEALTH DEPARTMENT MAY 1 1889 BALTIMORE

WM. J. G. DULAN & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 13269

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1889.
4. Place of Birth, (Street and Number) #1129 Bonnet St.
5. Full Name of Mother, Fannie Sadler.
6. Mother's Maiden Name, " Eagen.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John W. Sadler.
9. Father's Occupation, Shucketer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Donaldson

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 9-18-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mildred ~~Boutzler~~ Butzler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 13070

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1889
4. Place of Birth, (Street and Number) 1107 Greenmount Ave.
5. Full Name of Mother, May D. Butzler.
6. Mother's Maiden Name, May D Papers.
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, William Butzler
9. Father's Occupation, Builder
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Chas St. & Fremont Place

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 13071
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 30/89
4. *Place of Birth, (Street and Number)*	647 Portland St
5. *Full Name of Mother,*	Amelia Zeigel
6. *Mother's Maiden Name,*	Amelia Beaurle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. Zeigel
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Joseph Bleen
Address,	641 Columbia Ave
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 13279

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, March 30th 1889
4. Place of Birth, (Street and Number) #683 Fayette st
5. Full Name of Mother, Nettie Lazarus
6. Mother's Maiden Name, Nettie Redomsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Lazarus
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schermann

Address, Albemarle st N 103

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall cause the same to be registered, and it shall be the duty of the Commissioner of register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd A. 13073

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 th 1889.
4. Place of Birth, (Street and Number) #21 Wyoming St.
5. Full Name of Mother, Lillie Rockel.
6. Mother's Maiden Name, Lantz.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert Rockel.
9. Father's Occupation, Upholsterer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah Dillegeist

Address, #1838 E. Monument St

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child A 1307

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 30 March
4. *Place of Birth, (Street and Number)* 321 Rose Street
5. *Full Name of Mother,* Marcella Grooms.
6. *Mother's Maiden Name,* Hall.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Grooms.
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* Balto. City Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 509 Preston Street

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 13075

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 31st 89
4. *Place of Birth, (Street and Number)* #402 Pinkney Place
5. *Full Name of Mother,* Nellie C. Martin
6. *Mother's Maiden Name,* Nellie C. Ryan
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James P. Martin
9. *Father's Occupation,* Horse-Shoen
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return. George Lewis Staley M.D.

Address, #1628 Calvert St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A 1307

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 31 of March 1
4. Place of Birth, (Street and Number) 134 Preston Street
5. Full Name of Mother, Carrie Vessels
6. Mother's Maiden Name, Carrie King
7. Mother's Birthplace, King Georges County
8. Full Name of Father, Barney and Vessels.
9. Father's Occupation, Laboring
10. Father's Birthplace, Essex County

Name of Medical Attendant, or other person who makes this Return. Hester County

Address, 609 Preston Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This was forgotten. Geo B Reynolds

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 13077

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* April 4th 1889 This was unintentionally overlooked
4. *Place of Birth, (Street and Number)* 341 North 5
5. *Full Name of Mother,* Sabilla Watson
6. *Mother's Maiden Name,* " Eigenfuss
7. *Mother's Birthplace,* N. J.
8. *Full Name of Father,* Stephen Watson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return. Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13178

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex*, (state whether male or female)	male child
2. *Race or Color*, (if not of the white race)	colored
3. *Date of Birth*	120 welcome alley
4. *Place of Birth*, (Street and Number)	April 5th 1889
5. *Full Name of Mother*,	mamie garrison
6. *Mother's Maiden Name*,	mamie griffin
7. *Mother's Birthplace*,	baltimore md
8. *Full Name of Father*,	samuel garrison
9. *Father's Occupation*,	tramp man
10. *Father's Birthplace*,	baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Comely Smythe
Address,	131 welcome alley
Remarks,	no remarks

SECTION 7.—And be it further enacted and ordained that every person practising mid wifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child A 13179
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	April 7 1889
4. Place of Birth (Street and Number),	Parish st 1314
5. Full Name of Mother,	Bell sandles
6. Mother's Maiden Name,	Bell Scott
7. Mother's Birthplace,	Land Starker Co Va.
8. Full Name of Father,	Rist Randles.
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore M D.
Name of Medical Attendant, or other person who makes this Return.	Maria Jones.
Address,	1337 Rhated st.
Remarks,	

The Baltimore Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 13081
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 8th 1889
4. *Place of Birth, (Street and Number)*	# 700 Hydes ct
5. *Full Name of Mother,*	Rosa Jelly
6. *Mother's Maiden Name,*	Fitzpatrick
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Saml Jelly
9. *Father's Occupation,*	Black Smith
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

HEALTH DEPARTMENT
JUL 3 1889
BALTIMORE

SECTION 7. And be it further ordered, that if any person shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. HULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13181

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (State whether male or female) femeal
2. Race or color, (if not of the white race) Color
3. Date of Birth, April 10
4. Place of Birth, (Street and Number) 114 Coral st
5. Full Name of Mother, Sofie Robson
6. Mother's Maiden Name, Sofie lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gorge Robson
9. Father's Occupation, Arabe
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeling Wilson

Address, 1049 south Howard st

Remarks,

SECTION 7.—And be it further enacted, that whoever shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like sums and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child A. 1318

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* Colored.
3. *Date of Birth,* April 15 1889
4. *Place of Birth (Street and Number),* Earlsest 718
5. *Full Name of Mother,* Maria Brooks
6. *Mother's Maiden Name,* Maria Mathews
7. *Mother's Birthplace,* Virginia Co.
8. *Full Name of Father,* John Brooks
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 Aisquith st.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

This was forgotten Geo. Reynolds

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 13083

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, April 19th 1889 This was unintentionally overlooked
4. Place of Birth, (Street and Number) 1209 Bank St
5. Full Name of Mother, Annie Ludwig
6. Mother's Maiden Name, " Gradau
7. Mother's Birthplace, Brooklyn N. Y.
8. Full Name of Father, Andrew Ludwig
9. Father's Occupation, Carriage smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. Reynolds M.D.

Address, 711 N Caroline

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child 13081
1. *Sex, (state whether male or female)*	female child
2. *Race or color, (if not of the white race)*	colored
3. *Date of Birth,*	april 24 1889
4. *Place of Birth, (Street and Number)*	178 Chestnut alley
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Mary coats
7. *Mother's Birthplace,*	Anne Arundel County Md
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1121 Saratoga
Remarks,	

Baltimore under whose charge or supervision the [illegible] shall be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. A 12085

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 26th 1889.
4. Place of Birth, (Street and Number) #225 N. Washington st.
5. Full Name of Mother, Sarah Margaret Wheeler Lindsay.
6. Mother's Maiden Name, Sarah Margaret Wheeler
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, James Henry Lindsay.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. L. John Davis.

Address, 238 N. Chester st.

Remarks, Natural delivery.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fird - A. 13080

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1889
4. *Place of Birth, (Street and Number)* 822 Park Avenue
5. *Full Name of Mother,* Henrietta Wilson Whiteley Wilson
6. *Mother's Maiden Name* Henrietta Chauncey (Wilson)
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Stone Whiteley
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. H. P. O. Wilson

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be recovered under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. A. 13187

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4 Ho. 1889
4. *Place of Birth, (Street and Number)* 1551 Newington Pl.
5. *Full Name of Mother,* Clara Mackenzie
6. *Mother's Maiden Name,* Clara Smith
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Samuel Mackenzie
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Ellicotts city. Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohle M.D.

Address, 1203 W. Fayette St.

Remarks, Was not mailed —

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register, in such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13088

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	May 7
4. *Place of Birth, (Street and Number)*	119 Howard st
5. *Full Name of Mother,*	Matti Montgomery
6. *Mother's Maiden Name,*	Martha Johnes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Montgomery
9. *Father's Occupation,*	Coal Passer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angelina Wilson
Address,	1047 south Howard st
Remarks,	

BALTIMORE CITY REGISTRAR'S OFFICE JUN 26 1880

Baltimore under whose charge of superintendent [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 13189

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 11, 1884.
4. *Place of Birth, (Street and Number)* No. 1735 Virginia A.
5. *Full Name of Mother,* Elizabeth Hughes.
6. *Mother's Maiden Name,* Elizabeth Pinkerton.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Franklin P. Hughes.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Wm. Hughes.

Address, This birth is under care of a nurse, and the nurse

Remarks, did not know how to report it, so I will report it.

No intention to violate the law Cancel

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13090

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 14 1889
4. *Place of Birth, (Street and Number)* Green Willow Court
5. *Full Name of Mother,* Venie Baker
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Baker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 509 Preston Street

Remarks,

HEALTH DEPARTMENT JUN 29 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A 13091

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday May 15th. 1889
4. Place of Birth, (Street and Number) 84 S Harford ave
5. Full Name of Mother, Caroline A. Hays,
6. Mother's Maiden Name, Caroline A Apps.
7. Mother's Birthplace, England.
8. Full Name of Father, J. Jerome Hays,
9. Father's Occupation, Musician
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brunton M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance [illegible] a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lond, A 13092

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* ~~Tuesday~~ ~~Monday~~ Tuesday May 28th. 1889
4. *Place of Birth, (Street and Number)* 1626 E. Madison St,
5. *Full Name of Mother,* Emily Zulauf,
6. *Mother's Maiden Name,* Emily Constance,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Louis Zulauf
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Chase St. & Forrest Place

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall be [illegible] by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary — 4th A 13193

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 19th 1889
4. Place of Birth, (Street and Number) 141 Market Space
5. Full Name of Mother, Emma Barr
6. Mother's Maiden Name, " Duenyah
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Barr
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

HEALTH DEPARTMENT, JUN 25 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fannie - 6th 130911

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 20th 1889
4. *Place of Birth, (Street and Number)* 126 S. High St
5. *Full Name of Mother,* Minnie Sher
6. *Mother's Maiden Name,* " Laizerovitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Sher
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st W 103

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child A. 13190

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Color
3. *Date of Birth* May 20. 1889
4. *Place of Birth,* (Street and Number) Elbow lane 609
5. *Full Name of Mother,* Alvida Garrett
6. *Mother's Maiden Name,* ~~Baltimore~~
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Robison
9. *Father's Occupation,* Oyster hose
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return. Emma Hughs

Address, 131 Welsh alley

Remarks, No Remarks

under whose charge or supervision evidence of birth shall be received, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13096

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dinah — 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 20th 1889
4. *Place of Birth, (Street and Number)* 7 S. Front St
5. *Full Name of Mother,* Rose Goldstein
6. *Mother's Maiden Name,* " Lewis
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Goldstein
9. *Father's Occupation,* Segarmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, Albemarle St N 103

Remarks,

HEALTH DEPARTMENT
JUN 25 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sarah — 1st 13097

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 22nd 1889
4. *Place of Birth, (Street and Number)* 1002 Hanover St
5. *Full Name of Mother,* Fanny Cohen
6. *Mother's Maiden Name,* " Hechtbaum
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Benny Cohen
9. *Father's Occupation,* Segar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St W 103

Remarks,

HEALTH DEPARTMENT JUN 25 1889 BALTIMORE CITY

Baltimore ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or supervisionance a [illegible] shall hereafter take place, [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (20) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd: Bertha A 13098

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 24th 1889
4. *Place of Birth. (Street and Number)* 526 East St
5. *Full Name of Mother,* Deborah Hollander
6. *Mother's Maiden Name,* " Fisher
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Joseph Hollander
9. *Father's Occupation,* Button Hole Maker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, Albemarle St N 102

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore Chapt. whose charge or superintendance is [illegible] shall hereafter [illegible] the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13099

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Mother

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29. 1889.
4. *Place of Birth, (Street and Number)* McHenry St 1923
5. *Full Name of Mother,* Marie Rebecca
6. *Mother's Maiden Name,* Marie R. Mason.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Jacob Brady
9. *Father's Occupation,* Watchman B.D.O.R.R
10. *Father's Birthplace,* Germanny.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs E Dumas

Remarks, No 1927 W Lombard St

1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 13100

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 29th
4. *Place of Birth, (Street and Number)* 906 E. Pratt st.
5. *Full Name of Mother,* Maria A Hoz
6. *Mother's Maiden Name,* " " Kutzberger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Hoz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohm

Address, 418 S. Paca st.

Remarks,

register of such birth, and shall enter the same on a [illegible] which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. A. 17101

1. Sex, (state whether male or female) F. Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday May 30th - 1889
4. Place of Birth, (Street and Number) Jew Alley & Madison St
5. Full Name of Mother, Estella C. Reese Collmus.
6. Mother's Maiden Name, Estella C. Reese,
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, William F. Collmus,
9. Father's Occupation, Coal Merchant.
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brenton M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15102

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* Thursday May ~~29~~ 30th. 1889
4. *Place of Birth, (Street and Number)* Cor. of Exeter & Hillen St.
5. *Full Name of Mother,* Alverodo Hipsly
6. *Mother's Maiden Name,* Alverodo Woodward,
7. *Mother's Birthplace,* Balto Co. Md.
8. *Full Name of Father,* Joshua G. Hipsly
9. *Father's Occupation,* N.C. Rail Road Employee
10. *Father's Birthplace,* Balt Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Chase St & Forrest Place,

Remarks,

Baltimore under whose charge of super-intendance a birth shall be [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10 A. 131103

1. *Sex, (state whether male ~~or female~~),*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1889
4. *Place of Birth, (Street and Number)* Clifton place
5. *Full Name of Mother,* Mrs Michael E. Keary
6. *Mother's Maiden Name,* Sarah Kane
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* Michael E. Keary
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, William Lee M.D

Address, 1041 N Eutaw St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained: the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 12104

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 2/89
4. *Place of Birth (Street and Number),* 1237 Orleans St.
5. *Full Name of Mother,* Annie A. Wallace
6. *Mother's Maiden Name,* " " McShane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edgar L. Wallace
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Edward F. McDevitt

Address, 208 S. Augusta St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child **A.** 13897

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th 3 25 A.M. 1889
4. *Place of Birth, (Street and Number)* 1820 Canton Ave
5. *Full Name of Mother,* Johanna Frances Bonnett
6. *Mother's Maiden Name,* J. F. Brockman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ernest Wm Bonnett
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Lovinelle M.D.

Address, 1701 E Baltimore St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

GIVEN NAME ADDED 8-3-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise Warfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A 13898

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb 27th
4. Place of Birth, (Street and Number) Linden Ave.
5. Full Name of Mother, Emma Nicodemus Warfield
6. Mother's Maiden Name, Emma Nicodemus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edwin Warfield.
9. Father's Occupation, Lawyer & Politician
10. Father's Birthplace, Howard Co Md.

Name of Medical Attendant, or other person who makes this Return. C. F. Devan

Address, 807 Cathedral St.

Remarks,

register of such birth, and shall enter the same on a [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13899

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 5, 89.
4. Place of Birth, (Street and Number) 461 Roland ave.
5. Full Name of Mother, Amelia P. Turner
6. Mother's Maiden Name, " " Archer
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Leonidas G. Turner
9. Father's Occupation, Real estate agt.
10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut ave. (Hampden) Balto.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **A.** 13900

1. *Sex, (State whether male or female)* Boy
2. *Race or color, (if not of the white race)* Color
3. *Date of Birth,* March 11. 1889
4. *Place of Birth, (Street and Number)* 1409 Ward St
5. *Full Name of Mother,* Anne Thone
6. *Mother's Maiden Name,* Anne Carbet
7. *Mother's Birthplace,* Annalis Md
8. *Full Name of Father,* Albert Thone
9. *Father's Occupation,* Labere Work
10. *Father's Birthplace,* Andrander Cante

Name of Medical Attendant, or other person who makes this Return. Grace Hairs

Address, ~~#8~~ 815 Stokhow St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be provided by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 13901

1. *Sex, (State whether male or female)* Female (twins)
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1889
4. *Place of Birth, (Street and Number)* Harford Ave.
5. *Full Name of Mother,* Kate Colford.
6. *Mother's Maiden Name,* Kate Colford.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. C. F. Bevan

Address, 807 Cathedral.

Remarks,

Register of such birth, and shall enter the same in the [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond H. Blakeney

A 13902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 2nd 1889
4. Place of Birth (Street and Number), 1414 E Preston
5. Full Name of Mother, Emma (Blakney) Blakeney
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Kent Co
8. Full Name of Father, Fred (Blakney) Blakeney
9. Father's Occupation, Carriage Painter
10. Father's Birthplace, Kent Co

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea MD

Address, 1206 E. Preston St

Remarks,

This schedule shall contain a list of the births which have occurred under this or the [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 13,903

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1889
4. *Place of Birth, (Street and Number)* 230 S. Calhoun St
5. *Full Name of Mother,* Gertrude
6. *Mother's Maiden Name,* Ferguson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. Chas. Enos
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N Carrollton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A 13904

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9th 1889
4. *Place of Birth, (Street and Number)* 1829 Break Ave
5. *Full Name of Mother* Catherine Lappe
6. *Mother's Maiden Name* Crean
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Chas. A. Lappe
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 701 N Convention Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) **A.** 13905

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1889
4. *Place of Birth, (Street and Number)* 1313 W. Lombard St.
5. *Full Name of Mother,* Mary Cath. Lister
6. *Mother's Maiden Name,* Hap
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* N. O. Lister
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N. Carrollton Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth **A.** 13906

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23 - 1889
4. *Place of Birth, (Street and Number)* 936 Lemon St
5. *Full Name of Mother,* Mary Dews
6. *Mother's Maiden Name,* Shannon
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. F. Dews
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N Canvelton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This section shall contain a list of the births [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th **A** 13907
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	April 24th 1889
4. Place of Birth (Street and Number),	313 Eden St
5. Full Name of Mother,	Mary J. Cross
6. Mother's Maiden Name,	Johnston
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	T. J. Cross
9. Father's Occupation,	Police
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Dr. B. Billingslea
Address,	1206 E. Preston
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 13908

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 28th 1889
4. Place of Birth, (Street and Number) 617 Barclay St.
5. Full Name of Mother, Isabella DeGraff
6. Mother's Maiden Name, Reedy
7. Mother's Birthplace, Howard Co - Simpsonville -
8. Full Name of Father, William P. DeGraff
9. Father's Occupation, Car Driving
10. Father's Birthplace, Howard Co - Savage -

Name of Medical Attendant, or other Person who makes this Return A. G. Keen

Address, 713 York Road -

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 13909

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1899
4. *Place of Birth, (Street and Number)* 1025 Madison Ave
5. *Full Name of Mother,* Alberta Reynolds
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Co. V. Reynolds
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N. Carrollton Ave

Remarks,

WM. J. H. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13910

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 3rd 89
4. *Place of Birth (Street and Number),* 1635 Harford Ave
5. *Full Name of Mother,* Annie Thomas
6. *Mother's Maiden Name,* Godfrey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wilson Thomas
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M B Billingslea

Address, 1206 E Preston

Remarks, Certificate A-13911 Missing - Copied out of Vol 10

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

Missing

A13911

Copied out of Vol. 10

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13912

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6th 1889
4. *Place of Birth, (Street and Number)* 117 S. Arlington Ave
5. *Full Name of Mother,* Annie Cook
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Cook
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John Smith

Address, 701 N. Carrollton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. **A.** 13913

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* May 8th '89
4. *Place of Birth (Street and Number),* 1331 Upton St.
5. *Full Name of Mother,* Carrie Lewis
6. *Mother's Maiden Name,* " Weston
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Saml. Lewis
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

This schedule shall contain a list of the births which have occurred since the last day of the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 F A 13914

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th 1889
4. *Place of Birth, (Street and Number)* 416 N Carrollton Ave
5. *Full Name of Mother,* Meta Klare
6. *Mother's Maiden Name,* Bolle
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Anton H. Klare
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Bremen

Name of Medical Attendant, or other person who makes this Return. John Steffey

Address, 701 N Carrollton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13915

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 = 1889
4. *Place of Birth, (Street and Number)* 314 N. Fulton Ave
5. *Full Name of Mother,* Carrie Sandstrict
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward J. Sandstrict
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N. Gamble Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third **A.** 13916

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* May 18th 1889
4. *Place of Birth, (Street and Number)* Milton Place West Shroeder
5. *Full Name of Mother,* Minnie K. Walbraecker
6. *Mother's Maiden Name,* Minnie Kuhlmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Walbraecker
9. *Father's Occupation,* Watchmaker & Jeweler
10. *Father's Birthplace,* Bath. Md

Name of Medical Attendant, or other person who makes this Return. C. F. Bevan

Address, 807 Cathedral st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th **A.** 13917

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* May 22nd 1889
4. *Place of Birth (Street and Number),* 1613 E. Preston St
5. *Full Name of Mother,* Mary E. Ballard
6. *Mother's Maiden Name,* Elliott
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Levin J. Ballard
9. *Father's Occupation,* Police
10. *Father's Birthplace,* New Orleans

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Preston

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13918

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 22 '89
4. Place of Birth (Street and Number),	312 N Howard
5. Full Name of Mother,	Mrs. Annie Brady
6. Mother's Maiden Name,	" Riley
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo. A Brady
9. Father's Occupation,	Collector
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	T Worthington M D
Address,	#840 W Fayette St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co, City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 — A 13919
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 23 '89
4. *Place of Birth (Street and Number),*	3375 Fulton ave
5. *Full Name of Mother,*	Mrs Ida Shipley
6. *Mother's Maiden Name,*	" Chaney
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	John W Shipley
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other person who makes this Return.	T C Worthington MD
Address,	840 W Fayette St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 13920

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, May 26/89
4. Place of Birth, (Street and Number) 920 N. Gilmore St
5. Full Name of Mother, Kate Barker
6. Mother's Maiden Name, Lessop
7. Mother's Birthplace, Balto. Co. Md
8. Full Name of Father, [redacted] Barker
9. Father's Occupation, Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Thomas Okie M.D.

Address, 600 N. Howard St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13921

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 Mai
4. Place of Birth, (Street and Number) 2528 Canton Avenuen
5. Full Name of Mother, Florence Rode
6. Mother's Maiden Name, = Glenn
7. Mother's Birthplace, Balt Conty
8. Full Name of Father, Louis Rode
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltw

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1888
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A. 13977

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White race
3. Date of Birth, June 8th
4. Place of Birth (Street and Number), 516 Lee st Baltimore
5. Full Name of Mother, Emilie Mary Benisch
6. Mother's Maiden Name, Emilie Mary Frackmann
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edmund Frederick Benisch
9. Father's Occupation, Book Binder
10. Father's Birthplace, Vienna Austria

Name of Medical Attendant, or other person who makes this Return. Wilhelmina Benisch

Address, 516 Lee st.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth 13923

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12. '89

4. Place of Birth, (Street and Number) 1904 Cross St.

5. Full Name of Mother, Mary Catherine Bloomfield

6. Mother's Maiden Name, " " Wagner

7. Mother's Birthplace, Duelo County

8. Full Name of Father, Chas. M. Bloomfield

9. Father's Occupation, Supt Stone Quarry

10. Father's Birthplace, St Louis. Mo.

Name of Medical Attendant, or other person who makes this Return. Elwood Huggins M.D.

Address, 2418 St Paul St.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT OCT 22 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 13924

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1889
4. *Place of Birth, (Street and Number)* 205 N Fulton Ave
5. *Full Name of Mother,* Annie Ijam
6. *Mother's Maiden Name,* Nusz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fredk Ijam
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	June 15
4. *Place of Birth, (Street and Number)*	114 Eutaw st
5. *Full Name of Mother,*	Ellen Johnson
6. *Mother's Maiden Name,*	Ellen Wolford
7. *Mother's Birthplace,*	~~Patrick~~ Colbert County
8. *Full Name of Father,*	William Johnson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Colbert County
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1047 south Howard st
Remarks,	

Health. This schedule shall contain a list of the births which [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANN J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th the A 13926

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Juny
4. Place of Birth, (Street and Number) 425 McDaysea Alley
5. Full Name of Mother, Anna Jones
6. Mother's Maiden Name, = Schecht
7. Mother's Birthplace, Balt
8. Full Name of Father, Charles Jones
9. Father's Occupation, Laboln
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 25-24 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 A. 13927
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	June 19
4. *Place of Birth, (Street and Number)*	914 Winter st
5. *Full Name of Mother,*	Liva Prockter
6. *Mother's Maiden Name,*	Liva Moor
7. *Mother's Birthplace,*	Prince George County
8. *Full Name of Father,*	John Prockter
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Missipa
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1049 south Howard
Remarks,	

Health. This schedule shall contain a list of the births [illegible] each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3rd A. 13928

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1884
4. *Place of Birth, (Street and Number)* 190 Pennsylvania Ave
5. *Full Name of Mother,* Mary Fulk
6. *Mother's Maiden Name,* Mary Misel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Fulk
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A Misenzehl

Address, 1507 Penna Avenue

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the use of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13979

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) White female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Juny
4. Place of Birth, (Street and Number) 603 Park St.
5. Full Name of Mother, Lena Noar
6. Mother's Maiden Name, = Vandra
7. Mother's Birthplace, Balto
8. Full Name of Father, William Noar
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13930

HEALTH DEPARTMENT
OCT 1 1889

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (State whether male ~~or female~~) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 29th 1889
4. Place of Birth, (Street and Number) 19 S Central ave
5. Full Name of Mother, Maggie Leon
6. Mother's Maiden Name, " Mahon
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jacob B. Leon
9. Father's Occupation, Banker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Return made by Father

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. A. 139231

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 1st 1889.
4. *Place of Birth, (Street and Number)* 1160 Lurst st
5. *Full Name of Mother,* Mary Voegelein
6. *Mother's Maiden Name,* Beckman
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Chris. Voegelein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Emma Hilleary

Address, 1038 E. Monument St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 13933

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 7 89
4. *Place of Birth, (Street and Number)* No 2232 Essex St
5. *Full Name of Mother* Ellen Alister
6. *Mother's Maiden Name* Dauber
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father,* William Alister
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 123933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, August 1st 1889
4. Place of Birth, (Street and Number) Singluff Ave
5. Full Name of Mother, Catherine Doyle
6. Mother's Maiden Name, Garrity
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Doyle
9. Father's Occupation, Policeman
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 E. Eaton St.

Remarks,

Health. This schedule shall contain a list of the births which shall occur in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 139344

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 1th 859
4. *Place of Birth, (Street and Number)* 222 Stockton alley
5. *Full Name of Mother* Nettie Smith
6. *Mother's Maiden Name,* Nettie Carson
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Tom Carroll

Address, 871 Gay st

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13935

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 1st
4. *Place of Birth, (Street and Number)*	2102 E Chew st
5. *Full Name of Mother,*	Julia Wilson
6. *Mother's Maiden Name,*	" Watson
7. *Mother's Birthplace,*	N. Carolina
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grogan
Address,	940 N. Gay st
Remarks,	Orig Certif # 13936 Missing - Is duplicate of 13935 see Vol 10

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing

Org. Certif. #13936

Is duplicate of 13935

see UL 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Amelia Wise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st **A.** 13937

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1st 1889
4. *Place of Birth, (Street and Number)* #822 Stirling St.
5. *Full Name of Mother,* Ella Wise
6. *Mother's Maiden Name,* Smead.
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Henry Wise
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dina Willegeist

Address, #1038 E Monument St

Remarks, GIVEN NAME ADDED. 2-3-53

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 139,38

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 1st 1912
4. *Place of Birth, (Street and Number)* 1128 Eutaw ave
5. *Full Name of Mother,* Annie Myers
6. *Mother's Maiden Name,* Lehew
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Herman Myers
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Pelz

Address, 1144 Baker st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13939

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of August
4. *Place of Birth, (Street and Number)*	1609. West Pratt
5. *Full Name of Mother,*	Maria Gimbel
6. *Mother's Maiden Name,*	Maria Thinne
7. *Mother's Birthplace,*	Hessen
8. *Full Name of Father,*	Henry Gimbel
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Hessen
Name of Medical Attendant, or other person who makes this Return.	Friedericke Keuter midwife
Address,	2116 West Pratt
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1889

A 13940

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Bee
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Ersten - August
4. *Place of Birth, (Street and Number)* 1213 Her Ltrit
5. *Full Name of Mother,* Teovikle Martin
6. *Mother's Maiden Name,* Tehovile Zugschak
7. *Mother's Birthplace,* Deuschland
8. *Full Name of Father,* Michael Martin
9. *Father's Occupation,* Leber
10. *Father's Birthplace,* Deuschland

Name of Medical Attendant, or other person who makes this Return. Mis J Liersemann.

Address, Her. Ltrit 1225.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* ~~Ld~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 18/89 A. 13941
4. *Place of Birth, (Street and Number)* 1713 Calhoun St
5. *Full Name of Mother,* May Garner
6. *Mother's Maiden Name,* Mary Hays.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Garner
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Av

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ns Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A** 13942

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 1 1889
4. *Place of Birth, (Street and Number)* 1613 E. Pratt St.
5. *Full Name of Mother,* Agnes Knauf
6. *Mother's Maiden Name,* Nicol
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Knauf
9. *Father's Occupation,* Harness-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Aron

1. *Sex, (state whether male or female)* Male A. 13943
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 1889
4. *Place of Birth, (Street and Number)* Lit. Mc Elderry #113.
5. *Full Name of Mother,* Serrah Kohn
6. *Mother's Maiden Name,* Serrah - Abramson.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Jacob Kohn.
9. *Father's Occupation,* Presser.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 11-22-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Ida Cohen

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White A. 13944
3. *Date of Birth,* August 1st 1889
4. *Place of Birth, (Street and Number)* N. High st. #162
5. *Full Name of Mother,* RITTA ~~(Rachel)~~ ~~(Kohn)~~ COHEN
6. *Mother's Maiden Name,* ~~(Rachel)~~ ~~(Sabrodor)~~ FRIEDMAN
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham ~~(Kohn)~~ COHEN
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Francis Banahan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 13945

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 10th 1889
4. Place of Birth, (Street and Number) Baltimore No 856 W. Pratt
5. Full Name of Mother, Emma Banahan
6. Mother's Maiden Name, Emma Pfleuge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, P. J. Banahan
9. Father's Occupation, Policeman
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks, GIVEN NAME ADDED 2-15-54

A.M.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 13941

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1st 1889
4. Place of Birth, (Street and Number) 707 Hanover St
5. Full Name of Mother, Annie Bob Smith
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. Smith
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return: Wm Gombel M.D.

Address: 610 E. Sharp St

Remarks:

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...RY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st/1 A. 13947

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 1. 89
4. Place of Birth, (Street and Number) 1429 Gough St.
5. Full Name of Mother, Mrs. Annie Maggie Hackard Watkins
6. Mother's Maiden Name, Miss " " "
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Joseph Stephen Watkins
9. Father's Occupation, Driver for Wallace & Leitz
10. Father's Birthplace, Balt. Md.
11. Name of Medical Attendant, or other person who makes this Return. C. C. Clyde M.D.
12. Address, 1000 E. Balt. St.
13. Remarks, Forceps delivery

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Baltimore A 13948
1. *Sex, (state whether male or female)*	Colard Male
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	1st August
4. *Place of Birth, (Street and Number)*	Baltimore Cleveland [illegible] 1852
5. *Full Name of Mother,*	Mria Cooper
6. *Mother's Maiden Name,*	Mria Chambers
7. *Mother's Birthplace,*	Easton Shore Md
8. *Full Name of Father,*	Robert Cooper
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Easton Shore Md
Name of Medical Attendant, or other person who makes this Return.	Vina Mills
Address,	46 Stockholm St
Remarks,	She is right smart countrain

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 3 1889
BALTIMORE

No.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2. Child A 13749
1.	*Sex, (state whether male or female)*	Boy
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Born Aug 1st 1889
4.	*Place of Birth, (Street and Number)*	No 2026. Frederick ave
5.	*Full Name of Mother,*	Mrs Sophia Schlenfner
6.	*Mother's Maiden Name,*	Miss Sophia Ofellt
7.	*Mother's Birthplace,*	Bayern Germany
8.	*Full Name of Father,*	Mr Louis Schlenfner
9.	*Father's Occupation,*	Brewer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
	Address,	2127 West Pratt Str
	Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A 13950

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 1 - 1889
4. *Place of Birth, (Street and Number)* 1614 Thames st.
5. *Full Name of Mother,* Mary ~~Mc Gann~~ Mc Greevy
6. *Mother's Maiden Name,* Mary Mc Gann
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Cornelius Mc Greevy
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. P. S. Dauschund

Address, 1727 E. Balto. st.

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13951

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 1888
4. *Place of Birth, (Street and Number)* 505 S. Patterson Park Av
5. *Full Name of Mother,* Maggie Mc Williams
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert W. Mc Williams
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Maurer

Address, 1529 E Pratt

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-15-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Biscoe O'Neal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 13952

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 1st. 1889.
4. Place of Birth, (Street and Number) 2223 Penna. Ave.
5. Full Name of Mother, Sallie O'Neal
6. Mother's Maiden Name, Biscoe
7. Mother's Birthplace, St. Marys Co. Md.
8. Full Name of Father, Wm. E. O'Neal
9. Father's Occupation, Retail Hats.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. H. Chrisfield, M.D.

Address, 1821 Madison Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child A. 13953

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1st
4. Place of Birth, (Street and Number) No 1202 West Pratt
5. Full Name of Mother, Roseanna Connolly
6. Mother's Maiden Name, Roseanna Quack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. Connolly
9. Father's Occupation, Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Abm. Woolen

Address, 936 Greenmount Ave.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A.13954

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* August 1 1889.
3. *Date of Birth,* white
4. *Place of Birth, (Street and Number)* Duhan 902
5. *Full Name of Mother,* Fanlis Henker
6. *Mother's Maiden Name,* Sikys
7. *Mother's Birthplace,* Bohieman
8. *Full Name of Father,* John Sikys
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Bohieman

Name of Medical Attendant, or other person who makes this Return. Mary Schuster

Address,

Remarks, Wastington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 139553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 1 1889
4. *Place of Birth, (Street and Number)* Castle st 7
5. *Full Name of Mother,* Mary Doemling
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Johan Doemling
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Shapton

Address,

Remarks, Washington 205

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 **A** 13956

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Augusta 1889
4. *Place of Birth, (Street and Number)* Canton Ave 2124
5. *Full Name of Mother,* Mary Lucha
6. *Mother's Maiden Name,* Evigan
7. *Mother's Birthplace,* Bohemar
8. *Full Name of Father,* Frank Evigan
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Skopter

Address,

Remarks, Wartington R.O.B.

month, and shall set forth as far as the same can be ascertained the full name of each child, if ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of bi... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between th... third day of each and every month to the office of the Commissioner of Health. In case the birth of a... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13957

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1st 1889
4. *Place of Birth, (Street and Number)* 859 Lexington st
5. *Full Name of Mother,* Eliza . Jane . Meeks
6. *Mother's Maiden Name,* Eliza . Jane . Ringgold
7. *Mother's Birthplace,* Baltimore . Md
8. *Full Name of Father,* William . Howard . Meeks
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 2321 Poppelton st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 13958
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 1st 1889.
4. Place of Birth (Street and Number),	#605 N Eden Street
5. Full Name of Mother,	Estelle E. Barton,
6. Mother's Maiden Name,	Estelle E. Gill
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Dan'l P. Barton
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dan'l L. Powell M.D
Address,	#217 Aisquith Street
Remarks,	

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or the [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child 63959
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug. 1/89
4. Place of Birth (Street and Number),	320 E. Washington St
5. Full Name of Mother,	Sadie Anderson
6. Mother's Maiden Name,	" Nuthall
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm. Anderson
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	R.W. Mansfield M.D
Address,	129 E Broadway
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health.—In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 7-16-87

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roselle Sanders

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 13960

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, August 1st 1889
4. Place of Birth, (Street and Number) No 186 West 9t
5. Full Name of Mother, Alice Hunter
6. Mother's Maiden Name, Alice Hunter
7. Mother's Birthplace, Laurel Md
8. Full Name of Father, William Sanders
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, No 58 West Wa[illegible] 9t

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the first ten the dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second. A 13961
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 1st.
4. *Place of Birth, (Street and Number)*	623 Ann St.
5. *Full Name of Mother,*	Z. Anderson
6. *Mother's Maiden Name,*	Z. Raw.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	A. Anderson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Switzerland
Name of Medical Attendant, or other person who makes this Return.	Harry A. Pertner
Address,	[illegible] Chester St
Remarks,	

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 13965
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st Aug.
4. *Place of Birth, (Street and Number)*	168 E. Lombard St.
5. *Full Name of Mother,*	Susan Dash
6. *Mother's Maiden Name,*	Susan Schwartzkopf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Dash
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Ulricke Goetzke
Address,	114 S. Bond St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13963

A 139634

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	august 20 m
4. *Place of Birth, (Street and Number)*	605 Lexington alley
5. *Full Name of Mother,*	Ella myers
6. *Mother's Maiden Name,*	... ...
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Edward Wells
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Lancaster Pa
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	701 Tyson st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

AUG 7 1880

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13964 ~~13965~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd 89
4. Place of Birth, (Street and Number) Cor Huntington Ave & William St
5. Full Name of Mother, Mrs Obrien
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland (?)
8. Full Name of Father, Mr O'Brien
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return A K Bond M D

Address, 311 W Biddle St

Remarks, I saw the patient but once at the birth, in the absence of physician I assisted the regular attendant

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13965
~~13966~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 2nd 1898
4. Place of Birth, (Street and Number) No. 21 Loudon ave
5. Full Name of Mother, Annie M Six
6. Mother's Maiden Name, Annie M Woods.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Six
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13966

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 2nd 1889
4. *Place of Birth, (Street and Number)*	1110 Federal St.
5. *Full Name of Mother,*	Catherine T. Kirspach
6. *Mother's Maiden Name,*	Roesch
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Chas. H. Kirspach
9. *Father's Occupation,*	Beer Dealer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S. E. Cor. Caroline & Eager Sts.
Remarks,	

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13967

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Second
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 2 1889
4. *Place of Birth, (Street and Number)*	24 S. Chester St.
5. *Full Name of Mother,*	Mrs. Bitter
6. *Mother's Maiden Name,*	Mrs. Portner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Emil Bitter
9. *Father's Occupation,*	Agent.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Portner
Address,	24 S. Chester
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh [illegible] 4139/8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 2nd 1889
4. *Place of Birth, (Street and Number)*	1761 Fulton Avenue
5. *Full Name of Mother,*	Louise Chester
6. *Mother's Maiden Name,*	Louise Silvester
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Chester
9. *Father's Occupation,*	Bar Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Hesenfeld
Address,	1509 Pennsylvania Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child A 13969

1. Sex, (state whether male or female) female child
2. Race or color, (if not of the white race) colored
3. Date of Birth, 29 august 1867
4. Place of Birth, (Street and Number) 130 Parish alley
5. Full Name of Mother, Eliza Taylor
6. Mother's Maiden Name,
7. Mother's Birthplace, anndel Co, Md
8. Full Name of Father, Henry Brown
9. Father's Occupation, driver truck
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mary E Davis

Address, 1121 Sardigal st

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

GIVEN NAME ADDED 2-22-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Evelyn Bond

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 13970

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2, '29
4. Place of Birth, (Street and Number) Baltimore Md, 919 Madison
5. Full Name of Mother, Lillian Ross Bond
6. Mother's Maiden Name, Lillian R Furness
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, Richard Hurst Bond
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Portsmouth Va.

Name of Medical Attendant, or other Person who makes this Return. G. A. Fleming M.D.

Address, 928 Madison Ave

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd Aug.
4. *Place of Birth, (Street and Number)*	837 E. Lombard St.
5. *Full Name of Mother,*	Anna Visechnitzer
6. *Mother's Maiden Name,*	Anna Engelhardt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Visechnitzer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Ulrike Goetzke
Address,	114 S. Bond St.
Remarks,	

13971

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. And the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. A. 13972

1. Sex, (state whether male or female) Girl
2. Race or color, (if not of the white race) White
3. Date of Birth, 2 Aug August 1889.
4. Place of Birth, (Street and Number) Duncan Alley # 230
5. Full Name of Mother, Barbara Schmidt
6. Mother's Maiden Name, " Krug
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Krug
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, midwife

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Selma Amelia Bertha Otto

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 13973

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Aug 2" 1889
4. *Place of Birth, (Street and Number)* 1157 Cleaveland St
5. *Full Name of Mother,* Olga Otto
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard Otto
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Eichhorn

Address,

Remarks, GIVEN NAME ADDED 2-15-54

L.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & R. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE MD. SEP 3 1929

A. 139744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 August (Shirford Avenue
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Louise Behrens
6. *Mother's Maiden Name,* = Rogue
7. *Mother's Birthplace,* Ball. City
8. *Full Name of Father,* John Behrens
9. *Father's Occupation,* Law Conveyancer
10. *Father's Birthplace,* Ball City

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Central Avenue

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13975

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1889
4. Place of Birth, (Street and Number) Maternité
5. Full Name of Mother,
6. Mother's Maiden Name, Katharine Wildenstiner
7. Mother's Birthplace, Germany (Came in U.S. Baltimore)
8. Full Name of Father, Not known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D

Address, Res Phy Maternité

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13976

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 2nd August
4. Place of Birth, (Street and Number) Balt N Burke St. No. 233
5. Full Name of Mother, Maggie Shuck
6. Mother's Maiden Name, Maggie Eutcamp.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bill Shuck
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Jos Krueger

Address, ~~Ks~~ No. 2321 E. Fayette St Balt. Md.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th d. A 13977
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	August 2d 1889
4. Place of Birth (Street and Number),	1011 Arlington Av.
5. Full Name of Mother,	Mary A Wills.
6. Mother's Maiden Name,	Mary A. McMullen.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Walter B Wills.
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Thos L Pennington MD.
Address,	804 A Carrollton Av
Remarks,	

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 13978

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 2d 89
4. *Place of Birth, (Street and Number)* 128 So Hyl
5. *Full Name of Mother,* Rosie Miller
6. *Mother's Maiden Name,* Rosie Kruhwitch
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Louis Miller
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs. Gillespie M.D.

Address, 4 So Exeter St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Alexander Loudenslager

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 13979

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1889
4. Place of Birth, (Street and Number) #1108 McElderry St
5. Full Name of Mother, Sophia Loudenslager
6. Mother's Maiden Name, Gravenstille
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Louis Loudenslager
9. Father's Occupation, Sawer (wood)
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillegeist

Address, #1038 E Monument St

Remarks,

mouth, and such sex, form as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13980

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 2/89
4. *Place of Birth, (Street and Number)* No 1741 Canton Ave
5. *Full Name of Mother,* Lisbeth Lauterbach
6. *Mother's Maiden Name,* Weaver
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Lauterbach
9. *Father's Occupation,* Schoe-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 139 81

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 2nd 1889
4. *Place of Birth, (Street and Number)* 811 Robb
5. *Full Name of Mother,* Annie Dirkson
6. *Mother's Maiden Name,* Annie Brodin
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* Charles Brodin
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Md Army

Name of Medical Attendant, or other Person who makes this Return. Ann Lovick

Address, 811 Boyd st

Remarks, none

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. **A.** 13982

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* 809. Boston street.
5. *Full Name of Mother,* Magareta Dürr
6. *Mother's Maiden Name,* — Bens
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Georg Dürr
9. *Father's Occupation,* Lohner
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann.

Address, 1225 Hoare street

Remarks,

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE CO.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	August 2 of July 1887
4. *Place of Birth, (Street and Number)*	504 Elbow Lane
5. *Full Name of Mother,*	Mary Lannon
6. *Mother's Maiden Name,*	Mat. Scarborough
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Horace Scarborough
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Accomac County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Richardson
Address,	815 King Street
Remarks,	

ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13984

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Augt- 2- 1889
4. Place of Birth, (Street and Number) 138 Duncan alley
5. Full Name of Mother, William Smith
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Elexander Tyloman
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, 138. Duncan alley

Remarks,

any name shall have been conferred.) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except as the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child A 16985
1. *Sex, (State whether male or female)*	Girl.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	2nd of August 1889
4. *Place of Birth, (Street and Number)*	120 South Castle Street
5. *Full Name of Mother,*	Josephina Dric
6. *Mother's Maiden Name,*	Josephina Cronenberg.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mick L Cronenberg.
9. *Father's Occupation,*	Schoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Cresentia Kunkel
Address,	213 North Chapel St per Cresentia Kunkel
Remarks,	Healthy.

1891 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A/13981

1. Sex, (State whether male or female) " Girl.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 2nd of August 1889.
4. Place of Birth, (Street and Number) 1827 East Orleans Street.
5. Full Name of Mother, Annie Lizzie
6. Mother's Maiden Name, Annie Lang.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Louis Lang.
9. Father's Occupation, Seaman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kinkel

Address, 213 North Chapel St. per Justina Kinkel

Remarks, Healthy.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 13987

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2 of August 1882
4. Place of Birth, (Street and Number) 632 Vine Street
5. Full Name of Mother, Rebecca Henderson
6. Mother's Maiden Name, Rebecca Patterson
7. Mother's Birthplace, Albany New York
8. Full Name of Father, William Henderson
9. Father's Occupation, Wilmington N. C
10. Father's Birthplace, Barber

Name of Medical Attendant, or other Person who makes this Return, Mary J. Richardson

Address, 315 King Street

Remarks,

ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd Aug.
4. *Place of Birth, (Street and Number)* 143 Block St.
5. *Full Name of Mother,* Christine McDonald
6. *Mother's Maiden Name,* Christine Trautfelder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John McDonald.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date [illegible] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the first and third day of each and every month to the office of the Commissioner of Health, [illegible] any child shall occur without the attendance of a physician or practitioner of midwifery, or should no [illegible] person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A. 13989

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White 1889
3. *Date of Birth,* 3 of aug 1889
4. *Place of Birth, (Street and Number)* 1914 Division st. Baltimore city
5. *Full Name of Mother,* Margart. Dillon
6. *Mother's Maiden Name,* Margaret Johnson
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* E. J. Dillon
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappellan St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 13990

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 31 1889
4. *Place of Birth, (Street and Number)* Alecstonia st 1605
5. *Full Name of Mother,* Fana Vlcek
6. *Mother's Maiden Name,* Castbncvch
7. *Mother's Birthplace,* Boheiman
8. *Full Name of Father,* Eduard Castbncvch
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* Boheomin

Name of Medical Attendant, or other person who makes this Return. Mary Skeptis

Address,

Remarks, Wastengtin 208

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 13991

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 3 Aug 1889
4. *Place of Birth, (Street and Number)* 419 Pine and Pierce St
5. *Full Name of Mother,* Mary Virginua Mesetzel
6. *Mother's Maiden Name,* Mary Virginua Borgealt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawrence Mentzel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 W Poppelton St

Remarks,

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13992

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 2 1889
4. Place of Birth, (Street and Number) Fayette st 2334
5. Full Name of Mother, Mary Bondy
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Fremade Bondy
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Shapiro

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 13993

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 3 1889
4. *Place of Birth, (Street and Number)* 302 N. Caroline St.
5. *Full Name of Mother,* Lizzie Lawsler
6. *Mother's Maiden Name,* Pimperbrink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Lawsler
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Pratt St.

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. 2nd. N 13994

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* African origin. brown.
3. *Date of Birth,* August. 3. th. 1889.
4. *Place of Birth, (Street and Number)* S. Eutaw Street. No. 815.
5. *Full Name of Mother,* Mary Hutchins.
6. *Mother's Maiden Name,* Mary Adams.
7. *Mother's Birthplace,* Prince George County. Md.
8. *Full Name of Father,* Benjamin Hutchins.
9. *Father's Occupation,* Stevadore.
10. *Father's Birthplace,* Calvert County. Md.

Name of Medical Attendant, or other person who makes this Return. Aug. F. Volkman. M. D.

Address, No. 620. S. Eutaw Street.

Remarks, A name has not as yet been conferred to the Child, nor any decided upon.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child A. 13995

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) girl
3. Date of Birth, 9/3
4. Place of Birth, (Street and Number) 12 13 Hoffman St.
5. Full Name of Mother, Mary Broaders
6. Mother's Maiden Name, = Gauger
7. Mother's Birthplace, Pa Reistertown Md.
8. Full Name of Father, Francis M. Broaders
9. Father's Occupation, =
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Anna Weber

Address, 928 Central Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13995

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 3. 1889.
4. *Place of Birth, (Street and Number)* 822 Hanover Sely
5. *Full Name of Mother,* Mary Disay
6. *Mother's Maiden Name,* Condon
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Constan Disay
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecile Bernstein

Address, 122 S. Exeter St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 13997

1. *Sex, (state whether male or female)* Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* August 3rd 89

4. *Place of Birth, (Street and Number)* No 938 N Lombard

5. *Full Name of Mother,* Ann Rebecca Enos

6. *Mother's Maiden Name,* " " De Gan

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Thadeus Enos

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Florida

Name of Medical Attendant, or other person who makes this Return. A. L. Smith M.D.

Address, 805 N. Lombard

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1924 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th B13998

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 3rd
4. *Place of Birth, (Street and Number)* 209 W German St
5. *Full Name of Mother,* Christiana Heisler
6. *Mother's Maiden Name,* Christiana Heisler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Powell Heisler
9. *Father's Occupation,* Sadler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Helligonda Slifer

Remarks, 641 So Paca St

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First — A 13999

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug. 3, 1889
4. *Place of Birth, (Street and Number)* 2216 Fayette St
5. *Full Name of Mother,* Annie Hunselman
6. *Mother's Maiden Name,* Annie Frye
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* J. Hunselman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary A. Partner

Address, 241 B. Chester

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One — A. 134000

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* August 3, 1889
4. *Place of Birth, (Street and Number)* 1726 Mcaubbin St
5. *Full Name of Mother,* Carrie Langley
6. *Mother's Maiden Name,* Carrie Reeley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Langley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norfolk

Name of Medical Attendant, or other person who makes this Return. Lucindia Woolford

Address, 432 Regester St

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th **A** 14001

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd August 1889
4. *Place of Birth, (Street and Number)* S.W. Cor. North & Linden av.
5. *Full Name of Mother,* Libbie Smith
6. *Mother's Maiden Name,* " Nimmo
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Horace Smith
9. *Father's Occupation,* Coffee Merchant
10. *Father's Birthplace,* Mississippi

Name of Medical Attendant, or other person who makes this Return. H W Webster M.D

Address, 403 Hanover

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-1-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Edward Dorman

A. 14002

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 the August - 1889
4. *Place of Birth, (Street and Number)* 2106 Cambridge St.
5. *Full Name of Mother,* Mary Dorman
6. *Mother's Maiden Name,* = Stucke
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* James Dorman
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 11/003

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3 of August 1889
4. *Place of Birth, (Street and Number)* 620 Burgundy Aly
5. *Full Name of Mother,* Liggie Sye
6. *Mother's Maiden Name,* Liggie Hankins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Sye
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. May Jane Richardson

Address, 315 King St. It is an eight months baby

Remarks, it was born with Spasm and died with Spasms. the mother been sick 4 months

Murphy & Co., City Printers and Stationers.

ASSESSMENT ... the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 9 1889 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child. A 14004

1. *Sex, (State whether male or female)* Girl
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 3rd of August 1889
4. *Place of Birth, (Street and Number)* 205 North Cassel street.
5. *Full Name of Mother,* Agnes Rode
6. *Mother's Maiden Name,* Agnes Stickler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Jacob Stickler
9. *Father's Occupation,* Can maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

Baltimore under whose charge or superintendence a birth shall be called, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. F. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 1/1005

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 3rd
4. Place of Birth, (Street and Number) 427 S Bond St
5. Full Name of Mother, Carolina George, anna Rittenbusch
6. Mother's Maiden Name, Carolina George, anna Diering
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Adam Rittenbusch
9. Father's Occupation, on the Rail Road
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Knode

Address, 1829 E Pratt

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14006

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 3 — 1889
4. *Place of Birth, (Street and Number)* 509 S. Spring
5. *Full Name of Mother,* Christine Zeller
6. *Mother's Maiden Name,* Haffman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Zeller
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT, 10 ... 1889 ... BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14007

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, August 3rd/889 - 10.5 P.M.
4. Place of Birth, (Street and Number) 907 Granby St
5. Full Name of Mother, Margaretta Conner
6. Mother's Maiden Name, " Parker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rodger Conner
9. Father's Occupation, Foreman Can Factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A Sr. Gotherhood Md.

Address, 1102 E Balto St

Remarks,

[illegible] stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child. A. 11/1008
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	3rd of August 1889
4. *Place of Birth, (Street and Number)*	620 North Castle St.
5. *Full Name of Mother,*	Agnes Eman
6. *Mother's Maiden Name,*	Agnes Schaffer.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry C. Schaffer.
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel St. Sr Justin, Kunkel
Remarks,	Healthy.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th A. 11/009

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3rd of August ~~[illegible]~~ President St
4. *Place of Birth, (Street and Number)* 215 S President St
5. *Full Name of Mother,* Mary Albright
6. *Mother's Maiden Name,* Weyan
7. *Mother's Birthplace,* Baltimore Est
8. *Full Name of Father,* August Albright
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M A Vancourt

Address, 225 S Anne

Remarks, Baby seem to be Three quat Weak & premature

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (A) 1910

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 3 1910
4. *Place of Birth, (Street and Number)* 1224 Barclay St Ext
5. *Full Name of Mother,* Emma Kuhlemann
6. *Mother's Maiden Name,* ~~Clute~~ [illegible]
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Louis A Kuhlemann
9. *Father's Occupation,* Grocery man
10. *Father's Birthplace,* Washington D C

Name of Medical Attendant, or other Person who makes this Return. Dr L Yettaw

Address, 1320 N Gilmor St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A 14011

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 3rd 1889
4. Place of Birth, (Street and Number) 279 N Eyeter St
5. Full Name of Mother, Henrietta D. Schrier
6. Mother's Maiden Name, Glatzel
7. Mother's Birthplace, Maryland
8. Full Name of Father, John C. H. Schrier
9. Father's Occupation, Nickle plater
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Sam J Belt M.D

Address, 314 N Eyeter St

Remarks,

If any child be born alive and (if any shall have been confirmed,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedules shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th Child D.H. 012

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 3th 1889
4. Place of Birth, (Street and Number) Mc Elderry St No 2223
5. Full Name of Mother, Friederike Senger
6. Mother's Maiden Name, Friederike Unverzagt
7. Mother's Birthplace, Biedenkopf Hessen Germany
8. Full Name of Father, J. George. Senger
9. Father's Occupation, Carpenter
10. Father's Birthplace, Weikersheim Wurtemberg Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1/1/13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 3 1889.
4. *Place of Birth (Street and Number),* 10 Conway St.
5. *Full Name of Mother,* Mary Bruning
6. *Mother's Maiden Name,* O'Byrne
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jacob Bruning
9. *Father's Occupation,* Horse shoer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Scarbrough

Address, 15 Montgomery St.

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 11/1041

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 3rd 1889
4. Place of Birth (Street and Number), #67 Brick Mill
5. Full Name of Mother, Bessie Jones
6. Mother's Maiden Name, ———
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Unknown
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return. D. T. Williams, M.D.

Address, Govans, Md.

Remarks,

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Emily Skinner

A. 11/015

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Aug 3 1889
4. Place of Birth, (Street and Number) 1110 Clifton Place
5. Full Name of Mother, Mary A. Skinner
6. Mother's Maiden Name, " " Hemingway
7. Mother's Birthplace, Michigan
8. Full Name of Father, Charles L. Skinner
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Michigan

Name of Medical Attendant, or other person who makes this Return. David Streets M.D.

Address, 403 N. Exeter St.

Remarks, OTHER NAME ADDED. 3-23-53 L.M.

HEALTH DEPARTMENT AUG 7 1889 BALTIMORE CITY

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9th child A 14016

1. *Sex*, (*state whether male or female*) Male
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, August 3rd
4. *Place of Birth*, (*Street and Number*) Pearl st. 237
5. *Full Name of Mother*, Hannah M. Bentz
6. *Mother's Maiden Name*, " " " Clark
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, George W. Bentz
9. *Father's Occupation*, Messenger to Fire Commissioner
10. *Father's Birthplace*, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Cross

Address, 413 S Poppletown St.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

~~1147~~

See correct numbers
on following certificate
to correspond with
Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14017 ~~14018~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1889
4. *Place of Birth, (Street and Number)* No 931 Binney St
5. *Full Name of Mother,* Ann Louisa Sinclair
6. *Mother's Maiden Name,* " " Barker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William H. Sinclair
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Sarah P. Harington

Address, No 924 Binney St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14918

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 4th 1889
4. *Place of Birth, (Street and Number)*	231 Salem Street
5. *Full Name of Mother,*	23 Girtie Jensen
6. *Mother's Maiden Name,*	Girtie Haryen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adolph Jensen
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Rosenzweig
Address,	1507 Pennsylvania Ave
Remarks,	

been committed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd. A 14019 ~~14020~~

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 4. 1889
4. Place of Birth, (Street and Number) 1415 N. Bond St.
5. Full Name of Mother, Mrs. Emma Allen Wife of Lord Barnes Wife of Cauley
6. Mother's Maiden Name, Wife " " " Barnes
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Howard Wm. Cauley
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rinck Jr. M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14020

A. ~~11/027~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 4th
4. *Place of Birth, (Street and Number)* 310 S. Wolfe St. Baltimore
5. *Full Name of Mother,* Hilley J. Settan
6. *Mother's Maiden Name,* " " Brisco
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Herman A. Settan
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Knowles

Address, 1829 E Pratt St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 3d. A 14021 ~~14022~~

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 4th 1889
4. *Place of Birth, (Street and Number)* 228 Vine st.
5. *Full Name of Mother,* Alice Ward.
6. *Mother's Maiden Name,* Alice Kimble
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kimble
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Ann Cornish

Address, 871 Boyd st.

Remarks, none.

...ill or the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14022

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A ~~1123~~

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 4th 11:30 P.M. 1889
4. Place of Birth, (Street and Number) 317 S. Chester St
5. Full Name of Mother, Mary Rayner
6. Mother's Maiden Name, M. Krauer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas. Benj. Rayner
9. Father's Occupation, Cane Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D.

Address, 1701 E Baltimore St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. GILMANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11/023

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* Aug 4th 1889
4. *Place of Birth (Street and Number),* 365 Preston St
5. *Full Name of Mother,* Jennie Carter
6. *Mother's Maiden Name,* Eyrus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M Carter
9. *Father's Occupation,* Fireman Custom House
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price

Address, 953 Madison Ave

Remarks,

[illegible] ferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, William Henry Mauler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A 11/024

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 4/89
4. Place of Birth, (Street and Number) No 509 S. Ann St
5. Full Name of Mother, Minnie Mauler
6. Mother's Maiden Name, Weitzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Mauler
9. Father's Occupation, Laborer
10. Father's Birthplace, Cumberland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Sees conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d, A 11025

1. *Sex, (state whether male or female)* girl,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August the 1.d, 1889,
4. *Place of Birth, (Street and Number)* 1034. Haldeis Street,
5. *Full Name of Mother,* Auguste Mathilde Scharf,
6. *Mother's Maiden Name,* Auguste Mathilde Kiehlmann,
7. *Mother's Birthplace,* Holmsdorf near Bolkenhain, / Germany.
8. *Full Name of Father,* Karl Wilhelm August Scharf,
9. *Father's Occupation,* Tailor,
10. *Father's Birthplace,* Bolkenhain, / Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange.

Address, 711 Cross St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Minnie

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 4th 1889 A 14028
4. Place of Birth, (Street and Number) S. Charles st # 820
5. Full Name of Mother, Annie Macht
6. Mother's Maiden Name, — Macrowitz.
7. Mother's Birthplace, Russia.
8. Full Name of Father, S. — Macrowitz
9. Father's Occupation, Black-Smith
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103.

Remarks,

1889. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male A 14027
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of August 1889
4. *Place of Birth, (Street and Number)* 1045 Regely St Baltimore
5. *Full Name of Mother,* Terese Julea Herbert
6. *Mother's Maiden Name,* Terese Julea Chaberska
7. *Mother's Birthplace,* Cramency
8. *Full Name of Father,* John Lavas Herbert
9. *Father's Occupation,* ice Drifter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. ~~[illegible]~~

Address, Mrs Bangl

Remarks, 711 Cross St

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14028

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 August
4. Place of Birth, (Street and Number) 828 Kchim st.
5. Full Name of Mother, Cecilla Kchartz
6. Mother's Maiden Name, " Convoy
7. Mother's Birthplace, Irland
8. Full Name of Father, Patrick Kchartz
9. Father's Occupation, saloonkeeper
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent. Avenue

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PRIVATE DEPARTMENT
SEP 3 1889

A 11079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 August
4. *Place of Birth, (Street and Number)* 1007 Lemmon St.
5. *Full Name of Mother,* Magie Geisler
6. *Mother's Maiden Name,* Grunewald
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Michel Geisler
9. *Father's Occupation,* —
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Annie Walker

Address, 928 Central Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Jennie.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White. A 11/030
3. *Date of Birth,* August 4th 1889.
4. *Place of Birth, (Street and Number)* Big - Mc Ebdersy st 1137.
5. *Full Name of Mother,* Rachel Fridman
6. *Mother's Maiden Name,* Rachel Perlman.
7. *Mother's Birthplace,* England.
8. *Full Name of Father,* Luis Fridman.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return. E Schesman

Address, Albemarle st N 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug the 4 1889
4. Place of Birth, (Street and Number) Carrolton Ave No 34 Carroll Baltimore
5. Full Name of Mother, Mrs Mary Regan
6. Mother's Maiden Name, Mary Stubbs
7. Mother's Birthplace, Parish Glyn County Waterford Ierland
8. Full Name of Father, John Regan
9. Father's Occupation, Wilkens Factory
10. Father's Birthplace, Parish ~~Glyn~~ County Waxford Ierland

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll Baltimore Md

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14032

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4. 1887.
4. Place of Birth, (Street and Number) 240 S. Exeter St.
5. Full Name of Mother, Mary Pritchard
6. Mother's Maiden Name, Desmone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alex Pritchard
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 11033

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 4/89
4. *Place of Birth, (Street and Number)* No 121 N. Bradford Sthly
5. *Full Name of Mother,* Lina Gilanden
6. *Mother's Maiden Name,* Devitt
7. *Mother's Birthplace,* Sdland
8. *Full Name of Father,* Peter Granden
9. *Father's Occupation,* Sorveden
10. *Father's Birthplace,* Laborer

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Aug 4. 86
4. *Place of Birth, (Street and Number)*	416 Druid St
5. *Full Name of Mother,*	Mary Price
6. *Mother's Maiden Name,*	Mary Chaney
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Price
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14035

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 4 of August 1884
4. *Place of Birth, (Street and Number)* No 1207 Holland St
5. *Full Name of Mother,* Mary Bochl
6. *Mother's Maiden Name,* Mary Huber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Bochl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lauer

Address, Mrs No 1057 Harford Ave

Remarks, Bal Md 1884

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11036

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White. Race
3. *Date of Birth,*	August. 4/89
4. *Place of Birth, (Street and Number)*	No. 2045 Hanover St.
5. *Full Name of Mother,*	Carrie, C, Lathe
6. *Mother's Maiden Name,*	Harvey.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William, H, Lathe.
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Geems
Address,	No 1714 Light St
Remarks,	Yours. Respectfully

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14037

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Park St. near Harford road
4. *Place of Birth, (Street and Number)* August 1 1889
5. *Full Name of Mother,* E. ~~Esner~~ Clath
6. *Mother's Maiden Name,* E. Esner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Clath
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M. S. Butt.

Address, 1248 E. Monument St cor Central ave

Remarks, All Well

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14238

A. ~~13938~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1st 89
4. *Place of Birth, (Street and Number)* 611 N. Calhoun St
5. *Full Name of Mother,* Cordelia L. [redacted]
6. *Mother's Maiden Name,* " " Schimpf
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* J. P. Friez
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return. Thomas Ofie mdt

Address, 600 N Howard

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14039

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 1 '89
4. *Place of Birth (Street and Number),* 834 W. Fayette
5. *Full Name of Mother,* Mrs. Willie Barrett
6. *Mother's Maiden Name,* " Vaughn
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Wm H. Barrett
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W. Fayette St

Remarks,

OCT 29 1889

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14040

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 2, 1889
4. *Place of Birth, (Street and Number)* 1243 Edward St.
5. *Full Name of Mother,* L. Washington
6. *Mother's Maiden Name,* L. Dauny
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Washington
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick County

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 E. Monument St cor Central ave

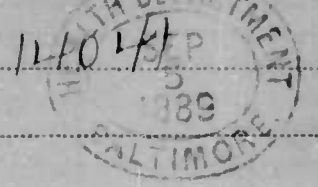
Remarks, All Well.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th 14044

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 3 - 89
4. Place of Birth, (Street and Number) 409 S Bdway
5. Full Name of Mother, Mag. Hubra
6. Mother's Maiden Name, " Straub
7. Mother's Birthplace, America
8. Full Name of Father, Herman Hubera
9. Father's Occupation, Germany - Watchmaker
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. Frank C. Brassler

Address, 171 W Bank St.

Remarks,

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

[illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14042

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Baltimore Aug 3th 189
4. *Place of Birth (Street and Number),* Baltimore No 222 Cross st
5. *Full Name of Mother,* Sarah Heal
6. *Mother's Maiden Name,* Sarah Caster
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Lewis Heal
9. *Father's Occupation,* Brick Yard
10. *Father's Birthplace,* Talbot County

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, Soils Court

Remarks, Robert Heal

BALTIMORE

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

14 043

A. 14/037

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 4, 1889.
4. *Place of Birth (Street and Number)* 1829 E. Biddle St.
5. *Full Name of Mother* Bridget Dudley
6. *Mother's Maiden Name* Bridget Caffrey.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Dudley
9. *Father's Occupation* Furniture Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Lanahan

Address No. 1049 N. Gay St.

Remarks

HEALTH DEPARTMENT AUG 5 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14044

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	4 of August 1887
4. *Place of Birth, (Street and Number)*	315 King St.
5. *Full Name of Mother,*	Sarey Johnson
6. *Mother's Maiden Name,*	Jane Williams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joshua Johnson
9. *Father's Occupation,*	Harford County
10. *Father's Birthplace,*	Waiter
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address,	315 King St.
Remarks,	

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the latter case and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14.045

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 4th
4. *Place of Birth, (Street and Number)*	1511 Hanover st
5. *Full Name of Mother,*	Mary Mitchell
6. *Mother's Maiden Name,*	Hance
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	David C. Mitchell
9. *Father's Occupation,*	Copper
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. A. Boyd Smith
Address,	511 Hanover
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. MULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14046

A ~~14009~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 4 August
4. Place of Birth, (Street and Number) 1191 E. Pratt St
5. Full Name of Mother, Sarah Hymon
6. Mother's Maiden Name, " Barry
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Hymon
9. Father's Occupation, Grocery Store
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrig

Address, 1902 Holland St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14047

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Col
3. *Date of Birth,* August 4th 1889
4. *Place of Birth, (Street and Number)* 416 S. Eutaw St
5. *Full Name of Mother,* L. Jane Smith
6. *Mother's Maiden Name,* L J Steward
7. *Mother's Birthplace,* Fredrick. Md
8. *Full Name of Father,* A Smith
9. *Father's Occupation,* Oyster Shuck
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Jane L. Castor

Address, 10 E. Hamilton St Balto City

Remarks, — — — — —

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. K. BOYD & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child 14048

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* August 6 1889
4. *Place of Birth, (Street and Number)* 514 St Marys Street
5. *Full Name of Mother,* Clora Wilson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Wilson.
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 509 Preston Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14049

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. [illegible]
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 5th 1899
4. *Place of Birth, (Street and Number)*	1206 Hollins St
5. *Full Name of Mother,*	M Buxbaum
6. *Mother's Maiden Name,*	Mamie Manko
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	David Buxbaum
9. *Father's Occupation,*	Clothing cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. PULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

140 50

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A ~~140 70~~

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 5th of August
4. *Place of Birth, (Street and Number)* Baltimore 947 Sharp Hamburg St.
5. *Full Name of Mother,* Mary E Bastain
6. *Mother's Maiden Name,* Mary E Kraft
7. *Mother's Birthplace,* Elliott City
8. *Full Name of Father,* Henry Bastain
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 40 Leadenhall Street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1899

14051

A. ~~14059~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Cap
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 August
4. *Place of Birth, (Street and Number)* 924 Eden street
5. *Full Name of Mother,* Lizzie Schissler
6. *Mother's Maiden Name,* Getz
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* John Schissler
9. *Father's Occupation,*
10. *Father's Birthplace,* Balt city.

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Av.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889

14052

A. 14058

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~1104~~ H 5 August
4. Place of Birth, (Street and Number) 1104 Aisquith St.
5. Full Name of Mother, Laura Theally
6. Mother's Maiden Name, = Bertram
7. Mother's Birthplace, Balt city
8. Full Name of Father, John Theatly
9. Father's Occupation, plumber
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Av.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1889

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* august the 5 1889
4. *Place of Birth, (Street and Number)* # 1116 Potomac St
5. *Full Name of Mother,* Mary Burgh
6. *Mother's Maiden Name,* Mary Sutton
7. *Mother's Birthplace,* Pieto N.S.
8. *Full Name of Father,* Eduard Burgh
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Sundsvall - Sweden

Name of Medical Attendant, or other person who makes this Return. Mrs P. Lierremann

Address, Her Ltrit 1225

Remarks,

A 14053 ~~14057~~

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14054

A. ~~14054~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 5th 188[illegible]
4. *Place of Birth, (Street and Number)* 24 Patterson Pk ave S
5. *Full Name of Mother,* Eliza Livingston
6. *Mother's Maiden Name,* " " White
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jim Livingston
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Mrs Eliza Lite

Address, 1744 Bank st

Remarks,

CITY PRINTERS AND STATIONERS

...ance of a physician or practitioner of midwifery, or should no other person be in ...her, immediately thereafter it shall become the duty of the person or parents of such ... to the Commissioner of Health, in the manner and within the period above required, and ... persons who shall hereafter fail to comply with the provisions of this section shall be sub... to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd. A. 14053 ~~14042~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug 5/89
4. Place of Birth, (Street and Number) 620 So. Burk
5. Full Name of Mother, Caroline Pettebush
6. Mother's Maiden Name, " Gehrman
7. Mother's Birthplace, D.C.
8. Full Name of Father, Henry Pettebush
9. Father's Occupation, Salesman
10. Father's Birthplace, D.C.

Name of Medical Attendant, or other person who makes this Return. J. L. Wilkins

Address, 226 S. B'dy

Remarks,

HEALTH DEPARTMENT, AUG 6 1889, BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14056

A 14045

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Baltimore City
4. *Place of Birth, (Street and Number)* Baltimore City 1023 Maldies Street
5. *Full Name of Mother,* Grace D Horan
6. *Mother's Maiden Name,* Grace D Johnson
7. *Mother's Birthplace,* West Field Mass
8. *Full Name of Father,* James B Horan
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M Shaffer

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14957

A ~~14044~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Mail child
2. *Race or color, (if not of the white race)* ~~coll~~ colarded
3. *Date of Birth,* Aug 5 1889
4. *Place of Birth, (Street and Number)* 1465 Cairo St
5. *Full Name of Mother,* Mary Lizzie Wallace
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anneranial County Md
8. *Full Name of Father,* George Murry
9. *Father's Occupation,* Drive coal cart
10. *Father's Birthplace,* Anneranial county Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary C Jones

Address, 1121 Saratoga St

Remarks,

M. J. C. DUGANY & CO., CITY PRINTERS AND STATIONERS.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

14058

A 4/4/5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	5th August 1880
4. *Place of Birth (Street and Number)*	1543 Newington Place
5. *Full Name of Mother*	Mary Francis Murray
6. *Mother's Maiden Name*	Mary Francis Murray
7. *Mother's Birthplace*	St Marys Co Md
8. *Full Name of Father*	William H. Murray
9. *Father's Occupation*	Pipe Filler
10. *Father's Birthplace*	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. G. W. Bush
Address	1603 Broadway St
Remarks	Delicate

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14059

A. ~~11/01/8~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 th August
4. *Place of Birth, (Street and Number)* 2234 Eastern Cavenuen
5. *Full Name of Mother,* Elise Brundick
6. *Mother's Maiden Name,* = Hennig
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Henry Brundick
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14060

E ~~14047~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 5th 1889
4. *Place of Birth, (Street and Number)* White-hall
5. *Full Name of Mother,* Agnes Atkins
6. *Mother's Maiden Name,* Agnes Sadler
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Louis W Atkins
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

14061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A ~~14048~~
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Aug 5th 1889
4. *Place of Birth (Street and Number)*	2348 McElderry St
5. *Full Name of Mother*	Sarah Barker
6. *Mother's Maiden Name*	" Burke
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Asbury Hans Barker
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	East Thomas Md
Name of Medical Attendant, or other Person who makes this Return.	City Lockman
Address	1614 Jeffe Road
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th Child A 44012

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 5 th 1889
4. Place of Birth, (Street and Number) Jefferson St nr Greater Lane City Ext
5. Full Name of Mother, Josephine Pryer
6. Mother's Maiden Name, Josephine Bell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo Washington Pryer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margaret Heinkel

Address, Mount st nr Baltimore st Balto City Ext

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth A 11063

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug 5/89
4. *Place of Birth, (Street and Number)* 14 Randall St
5. *Full Name of Mother,* Mary Jarvis
6. *Mother's Maiden Name,* " Eyles
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Francis Jarvis
9. *Father's Occupation,* Mate
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs C A Lewis

Address, 602 Hanover St

Remarks,

To be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. G. BULLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 14064

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 5
4. Place of Birth, (Street and Number) 2142 Maine St
5. Full Name of Mother, Annie Mack
6. Mother's Maiden Name, " Weigant
7. Mother's Birthplace, Kitzberg Bayern
8. Full Name of Father, Charles Mack
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Seebach

Address, 1735 W Pratt

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14065

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5th 1889
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,* } Gussie Kraft.
6. *Mother's Maiden Name,* }
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* }
9. *Father's Occupation,* } Not Known
10. *Father's Birthplace,* }

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy. Maternite

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14066

PUBLIC DEPARTMENT
SEP
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5th 1889
4. *Place of Birth, (Street and Number)* Waterside
5. *Full Name of Mother,* Annie Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res Ply. Waterside

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

14067

A ~~14049~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5, 1889
4. *Place of Birth, (Street and Number)* 2120 E. Hoffman Street
5. *Full Name of Mother,* Marguerite Van Hollen
6. *Mother's Maiden Name,* Do Beauchamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Henry Van Hollen
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. T. Martenet

Address, 1429 N Gay Street

Remarks, (Mrs Herman Morse)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24068

A 44050

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 8th 1889
4. Place of Birth, (Street and Number) S.W Cor High & Fawn
5. Full Name of Mother, Lizzie Curran
6. Mother's Maiden Name, " Williamson
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Curran
9. Father's Occupation, Milk - Dairy
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo B. Reynolds M.D.

Address, 711 N.C. ostwent

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1406

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	[redacted], male.
2. *Race or Color, (if not of the white race)*	[redacted] White
3. *Date of Birth,*	5th of August
4. *Place of Birth, (Street and Number)*	727 Valeria Place
5. *Full Name of Mother,*	Annie Bell
6. *Mother's Maiden Name,*	Annie Hilduff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas L. Bell
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wooden
Address,	936 Greenmount Avenue
Remarks,	

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14070

A. ~~11/052~~

HEALTH DEPARTMENT, AUG 5 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7d.
1. Sex, (state whether male or female)	Male.
2. Race or color, (if not of the white race)	White. race
3. Date of Birth,	August. 5/1889
4. Place of Birth, (Street and Number)	No. 1725 Light. St
5. Full Name of Mother,	Marry. Miller
6. Mother's Maiden Name,	" Fisher
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John. Miller
9. Father's Occupation,	Labor.
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Annie. Geems
Address,	No. 1714. Light. St.
Remarks,	Yours. Respectfully.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d) A 140, 71 11/15

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 5th, 1889 (Fifth)
4. *Place of Birth, (Street and Number)* No. 421 North Chester St.
5. *Full Name of Mother,* Mrs. Sophia Josephine Wallbillick
6. *Mother's Maiden Name,* Miss Sophia J. Fokner
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Jacob Charles Wallbillick
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* York, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wm. H. Cleudinen, M.D.

Address, 1700 East Fayette Street Cor. Broadway

Remarks,

C. UHLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14072

A. ~~14054~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* August 5th 89.
4. *Place of Birth, (Street and Number)* 915 Cedar Court
5. *Full Name of Mother,* Harriett Jane White
6. *Mother's Maiden Name,* Harriett Richards
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William White
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, C. K. Jumper M. D.

Remarks, 917 Argyle Ave

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14073

A. ~~14055~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 5 th
4. *Place of Birth, (Street and Number)* 715 Pierce 1st
5. *Full Name of Mother,* Mary Saunders
6. *Mother's Maiden Name,* Sayles
7. *Mother's Birthplace,* Essex Co M D
8. *Full Name of Father,* Emmanuel Saunders
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Essex Co M D

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Jo'son

Address, 710 Sysons

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1460 74

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A ~~14050~~
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 5th 89
4. *Place of Birth, (Street and Number)*	106 W Barre St
5. *Full Name of Mother,*	Belle Byrd
6. *Mother's Maiden Name,*	Bally Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Milton Jr. Byrd
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	735 W Lombard St
Remarks,	

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14075

A 44657

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Aug. 5/89
4. Place of Birth (Street and Number),	328 S Collington av.
5. Full Name of Mother,	Lavinia Pouree
6. Mother's Maiden Name,	" Shaw
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Geo. Pouree
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Talbot Co. Md
Name of Medical Attendant, or other person who makes this Return.	Rev. Mansfield M.D
Address,	129 S Broadway
Remarks,	

AUG 7 1889 BALTIMORE MD.

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A ~~14058~~

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 5th/89
4. *Place of Birth (Street and Number),* 9 S. Carrollton ave
5. *Full Name of Mother,* Mrs. Annabelle Harkness
6. *Mother's Maiden Name,* " " ~~Sel~~ Seelye
7. *Mother's Birthplace,* Philadelphia Pa.
8. *Full Name of Father,* Geo. A Harkness
9. *Father's Occupation,* Boiler worker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. H F Hill M.D.

Address, 1001 Ed Ave.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14077 14059

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female & Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 5th 189
4. *Place of Birth (Street and Number),* 778, St. Pete St
5. *Full Name of Mother,* Ida Gauer
6. *Mother's Maiden Name,* a Summont
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm Gauer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Jno D Blake Md

Address, Cor St Pacast

Remarks, This was a case of twins 6½ Mos

[illegible] the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 #

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Aug. 1830 Belair ave
4. *Place of Birth, (Street and Number)* 1830 Belair Ave
5. *Full Name of Mother,* Kunegunder Myers
6. *Mother's Maiden Name,* " Kellner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Myers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 W. Lay st

Remarks,

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Male~~ 1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 2nd 1889
4. *Place of Birth, (Street and Number)*	# 108 S. Paca St
5. *Full Name of Mother,*	Mary Marchant
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jno Posey Marchant
9. *Father's Occupation,*	Kid finisher
10. *Father's Birthplace,*	Petersburg Va
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

HEALTH DEPARTMENT, SEP 10 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 10-19-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Reinhold Oelmann A. 14080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1889
4. Place of Birth, (Street and Number) 128 Harford ave
5. Full Name of Mother. Amalia Elisabeth (~~Elizabeth~~) (~~Odleman~~) Oelmann
6. Mother's Maiden Name, " " " (~~Stran~~) Stranz
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Ludwig Albert (~~Odleman~~) Oelmann
9. Father's Occupation, Piano maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 W Gay St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 14081
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 4th
4. *Place of Birth, (Street and Number)*	1401 Harford ave
5. *Full Name of Mother,*	Julia Medinger
6. *Mother's Maiden Name,*	" Sabia
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Medinger
9. *Father's Occupation,*	Cane maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 5 - 89
4. Place of Birth, (Street and Number)	1102 Chew St
5. Full Name of Mother,	~~Mt~~ Nellie Kelley
6. Mother's Maiden Name,	Nellie Brennan
7. Mother's Birthplace,	Long Green Balto Co Md
8. Full Name of Father,	James Kelley
9. Father's Occupation,	Brass Finisher
10. Father's Birthplace,	Baltmore Md
Name of Medical Attendant, or other person who makes this Return.	W B Kenny MD
Address,	Chase St & Greenmount Ave.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A. 114083
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 5th
4. *Place of Birth, (Street and Number)*	1830 Belair ave
5. *Full Name of Mother,*	Barbara Mueleman
6. *Mother's Maiden Name,*	" Bucholz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Mueleman
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groomy
Address,	940 N. Gay st
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14084

A. 14000

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 5th 1889
4. *Place of Birth, (Street and Number)* #710 Calvin Place
5. *Full Name of Mother,* Kate Balles
6. *Mother's Maiden Name,* " Nitzel
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Balles
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

AUG 20 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

140 85

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 14061

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 5 1889.
4. *Place of Birth, (Street and Number)* 127 Harrison Str
5. *Full Name of Mother,* Golde Radezky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Radezky
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14086

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6th
4. *Place of Birth, (Street and Number)* Little Paccastreet No 613
5. *Full Name of Mother,* Sara Myers
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. A Myers
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dumler

Address, 217 North Schreder. St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 14087
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Aug 6th
4. *Place of Birth, (Street and Number)*	1424 Orleans st
5. *Full Name of Mother,*	Laura Washington
6. *Mother's Maiden Name,*	" Price
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Washington
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grooms
Address,	940 N. Gay
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14088

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6 1889.
4. *Place of Birth, (Street and Number)* 2019 Canton ave.
5. *Full Name of Mother,* E. Worfrom
6. *Mother's Maiden Name,* E. Fillz
7. *Mother's Birthplace,* Tonsantown
8. *Full Name of Father,* F Wolfrom
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Knievelwood

Name of Medical Attendant, or other person who makes this Return. M. A Butts

Address, 1248 E. Monument St. ou Central ave

Remarks, see Nefl.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14089

DEPARTMENT OF HEALTH SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 6 / 1889
4. *Place of Birth, (Street and Number)*	1207 Dallas St
5. *Full Name of Mother,*	J. Dance
6. *Mother's Maiden Name,*	J. Evans
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. Dance
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. A Butt
Address,	265 E. Monument St. cor. Central ave.
Remarks,	All Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 **A.** 14090

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'
3. *Date of Birth,* Aug 6 '89
4. *Place of Birth, (Street and Number)* 801 L. Vine St
5. *Full Name of Mother,* Bittie Queen
6. *Mother's Maiden Name,* Bittie Williams
7. *Mother's Birthplace,* W. Va
8. *Full Name of Father,* Wm. ~~Willie~~ Queen
9. *Father's Occupation,* Lab'
10. *Father's Birthplace,* W. Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRAR'S DEPARTMENT, SEP. 3 1889 BALTIMORE, MD.

A. 14091

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* 1624 E. Fayette St
5. *Full Name of Mother,* Lizzie Maisel
6. *Mother's Maiden Name,* Trautwein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Johseph Maisel
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ellis

Address, 1802 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child 14092
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 6 — 1889.
4. *Place of Birth, (Street and Number)*	935 Bevan st.
5. *Full Name of Mother,*	Mary Kurz.
6. *Mother's Maiden Name,*	Fickenscher.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	William Kurz.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 14093

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 m
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W
3. *Date of Birth,*	Augu 6 m
4. *Place of Birth, (Street and Number)*	239 Baker St
5. *Full Name of Mother,*	Alice Rebner
6. *Mother's Maiden Name,*	" Wallace
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gage Rebner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Harrigan
Address,	432 Scott St
Remarks,	

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 August
4. *Place of Birth, (Street and Number)*	Lancaster street 1711
5. *Full Name of Mother,*	Mary Tachter
6. *Mother's Maiden Name,*	Mary Zipfling
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Julius Zipfling
9. *Father's Occupation,*	Day Workman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Wm. Schuman
Address,	327 South Bond
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14095

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 6 the August
4. *Place of Birth,* (Street and Number) 717 Cannon St.
5. *Full Name of Mother,* Mary Dimling Kolb
6. *Mother's Maiden Name,* = Dimling
7. *Mother's Birthplace,* Hersbfeld Bavaria
8. *Full Name of Father,* John Kolb
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Oberfranken Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weis

Address, 2524 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 14096

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Aug 6 1889
4. *Place of Birth, (Street and Number)* No 15 west Randall st
5. *Full Name of Mother,* Matilda Roidle
6. *Mother's Maiden Name,* Matilda Lissner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chris Roidle
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Ginter

Address, No 1006 South Charles st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14097

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 6 1889
4. *Place of Birth, (Street and Number)* Mountcastle st 1917
5. *Full Name of Mother,* Clara Bivekert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Bivekert
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Adolph

Address,

Remarks, Washington 205

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 14098

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 6 1889
4. *Place of Birth, (Street and Number)* Chuwest 1903
5. *Full Name of Mother,* Tana Klusicker
6. *Mother's Maiden Name,* Pasek
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Anton Pasek
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Kopter

Address,

Remarks, Washington 205

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14099

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) white-
3. Date of Birth, August 6 1899
4. Place of Birth, (Street and Number) 5-72½ N. Gay 4-
5. Full Name of Mother, Mary Seidenberg
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Russian Poland
8. Full Name of Father, Self Seidenberg
9. Father's Occupation, (Picture frame) manufacturer
10. Father's Birthplace, Russian Poland

Name of Medical Attendant, or other person who makes this Return. David Stott M.D.

Address, 403 S- Exeter 4-

Remarks,

SECTION. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14100

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 7th 1889
4. *Place of Birth, (Street and Number)* 419 Maderaddy
5. *Full Name of Mother,* Mary Ginter
6. *Mother's Maiden Name,* " " Fort
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Ginter
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank

Remarks,

HEALTH DEPARTMENT SEP 2 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd " A 1410

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), negro
3. Date of Birth, Aug. 7th '89
4. Place of Birth (Street and Number), 322 Courtland St.
5. Full Name of Mother, Bertha ~~Foley~~ Ford
6. Mother's Maiden Name, " Gray
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Robert ~~Foley~~ Ford
9. Father's Occupation, Real Estate broker
10. Father's Birthplace, Va "

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

The Physician shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

Owen

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian E. Wills

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A. 1410 2

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 8th 1889
4. *Place of Birth, (Street and Number)* 570 N. Patterson Park Ave.
5. *Full Name of Mother,* Amelia T. Wills
6. *Mother's Maiden Name,* Henderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William T. Wills
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S. E. Cor. Eager & Carolina Sts

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovrable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14603

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 7th 89
4. Place of Birth, (Street and Number) #407 East 1st St
5. Full Name of Mother, Ellen F. Wash
6. Mother's Maiden Name, Ellen Falconbridge
7. Mother's Birthplace, Longford Eng.
8. Full Name of Father, William F. Wash
9. Father's Occupation, Machinist
10. Father's Birthplace, Warwickshire Eng.

Name of Medical Attendant, or other person who makes this Return. George Lewis Stallings M.D.

Address, #1625 N. Calvert St

Remarks,

SEP 9 89

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A. 14104

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th 1849
4. *Place of Birth, (Street and Number)* Eastern Ave. No 1007.
5. *Full Name of Mother,* Elisabeth K. Welsh
6. *Mother's Maiden Name,* Elisabeth K. Reisenweber
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Welsh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child **A.** 14105

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 4th 1889
4. *Place of Birth, (Street and Number)* 1813 N. Chester st.
5. *Full Name of Mother,* Sarah Harkin
6. *Mother's Maiden Name,* Sarah Flynn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Harkin
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Magdelene Brown

Address, 1600 N. Chester st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 — 14106

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 7/89
4. *Place of Birth, (Street and Number)* N° 2506 Lancaster St.
5. *Full Name of Mother,* Annie Raabe
6. *Mother's Maiden Name,* Schroeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Raabe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Klaft.

Address, N° 1405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th
4. *Place of Birth, (Street and Number)* No. 1624 W. Fayette
5. *Full Name of Mother,* Katie Rouse Mills
6. *Mother's Maiden Name,* Katie Rouse
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Jas. F. Mills (James)
9. *Father's Occupation,* Auctioneer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D.

Address, 321 N. Pacaft

Remarks,

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 14108

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7. 1889
4. Place of Birth, (Street and Number) 1906 Preston St
5. Full Name of Mother, M. Thomson
6. Mother's Maiden Name, M. Langley
7. Mother's Birthplace, Balto
8. Full Name of Father, C. Thomson
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. A. Bitt

Address, 1245 Monument St.

Remarks, All Well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. 14109

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 7th 1889
4. *Place of Birth, (Street and Number)* North Ave & Liberty Road.
5. *Full Name of Mother,* Julia Eichelberger
6. *Mother's Maiden Name,* Julia Sanderson
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Edward C. Eichelberger.
9. *Father's Occupation,* Attorney
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller, M.D.

Address, 639 Franklin St

Remarks,

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

[illegible] the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 **A.** 14110

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 7 – 89
4. *Place of Birth, (Street and Number)* Andre St 1417.
5. *Full Name of Mother,* Bertha Werner
6. *Mother's Maiden Name,* Schroeder
7. *Mother's Birthplace,* Scharmbeck – Hannover
8. *Full Name of Father,* Herrmann Werner
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Cassel – Hessen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th August 1839
4. Place of Birth, (Street and Number) 526 N. Bond Str.
5. Full Name of Mother, Gertrude Elizabeth Hartmann
6. Mother's Maiden Name, Gertrude Elizabeth Clasing
7. Mother's Birthplace, Weimar, Hessen/Cassel Co., State of Germany.
8. Full Name of Father, J. William A. Hartmann
9. Father's Occupation, Teacher of Music
10. Father's Birthplace, Cassel Hessen Co., St. of Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Gruny

Address, 940 N. Gay st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd — A. 14112
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 7 / 89.
4. *Place of Birth, (Street and Number)*	2015 Ramsey st
5. *Full Name of Mother,*	Lottie Clark
6. *Mother's Maiden Name,*	Lottie Wyman
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	John Clark
9. *Father's Occupation,*	Fruit dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Agnes Ebb.
Address,	2042 / Wilkins ave.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Female **A.** 14113

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 7 Day of August
4. *Place of Birth, (Street and Number)* 242 Chesnut street
5. *Full Name of Mother,* Lizzie Gilliard
6. *Mother's Maiden Name,* Lizzie Heath
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jesse E Gilliard
9. *Father's Occupation,* Untaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Darky Tomlin

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child. 1411½

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* 7th of August 1889
4. *Place of Birth, (Street and Number)* 111 North Castel street.
5. *Full Name of Mother,* Maggie Neuman.
6. *Mother's Maiden Name,* Maggie Döring.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Kuhnrade Döring
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Cesarin Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14113 DEPARTMENT OF HEALTH AUG 9 1899 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	W
3. *Date of Birth,*	Aug 7 — 99 A.
4. *Place of Birth (Street and Number),*	1573 Ridgely St
5. *Full Name of Mother,*	Sallie Jane Lane
6. *Mother's Maiden Name,*	" " Davis.
7. *Mother's Birthplace,*	U.S —
8. *Full Name of Father,*	Geo. Egl. Lane
9. *Father's Occupation,*	Ice driver —
10. *Father's Birthplace,*	U.S —
Name of Medical Attendant, or other person who makes this Return.	Geo A Schaumburg
Address,	9 E. Montgomery St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 14116

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Col.
3. *Date of Birth,* Aug 7th
4. *Place of Birth (Street and Number),* 415 N Paca alley
5. *Full Name of Mother,* Margaret Grimes
6. *Mother's Maiden Name,* ~~[illegible]~~
7. *Mother's Birthplace,* ~~[illegible]~~ Va
8. *Full Name of Father,* Robert Grimes
9. *Father's Occupation,* Brickmason
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. W F Hill M D

Address, 1001 Edmondson Ave

Remarks, —

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14117

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 24 89.
4. *Place of Birth, (Street and Number)* 1326 Holliday
5. *Full Name of Mother,* Agnes Miller
6. *Mother's Maiden Name,* Agnes Durgin.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Frank Miller.
9. *Father's Occupation,* Tinner.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. A C Pile

Address, 2102 Madison Ave

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14118

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 7 1889
4. *Place of Birth, (Street and Number)* 1612 Lorman St.
5. *Full Name of Mother,* Mary Ann Loughlin
6. *Mother's Maiden Name,* Carey
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Danl Loughlin
9. *Father's Occupation,* Watchman in Custom House
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. J. O. Christian M.D.

Address, 1821 Madison Ave

Remarks,

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 14119

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 8. '89.
4. *Place of Birth, (Street and Number)* 142 Marsh Market Space
5. *Full Name of Mother,* Belle Rosenbaum.
6. *Mother's Maiden Name,* Not known
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Not known
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. Irvine Eberhart

Address, 622 N. Lombard St

Remarks,

1889. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-13-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Mary Louise Thiemyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 14120

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 8th 1889
4. *Place of Birth, (Street and Number)* 1027 N. Caroline St
5. *Full Name of Mother,* Bettie Thiemyer
6. *Mother's Maiden Name,* Pfeil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Thiemyer
9. *Father's Occupation,* Manufacturer of Boxes
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, 1 E. cor. Caroline & Eager Sts

Remarks,

...and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 14172
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 8th 1889
4. *Place of Birth, (Street and Number)*	1218 W. Baltimore st
5. *Full Name of Mother,*	Mrs Mary B. Strohmer
6. *Mother's Maiden Name,*	Kolb
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Louis L. Strohmer
9. *Father's Occupation,*	Harness Manufacturer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dumler.
Address,	217 North Schroeder St.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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DEPARTMENT OF HEALTH BALTIMORE CITY FEB 17 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14172

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 8th -89
4. Place of Birth, (Street and Number) 1104 Somerset St
5. Full Name of Mother, Ellen Brooks
6. Mother's Maiden Name, Ellen Foley
7. Mother's Birthplace, County Rotherford Ireland
8. Full Name of Father, Thomas Brooks
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. W B Kenny MD

Address, Chase St & Fremont Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 14123

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 8 Day of August
4. Place of Birth, (Street and Number) 731 Ramsey Str
5. Full Name of Mother, Luica Lang
6. Mother's Maiden Name, Luice Schaland
7. Mother's Birthplace, Germania
8. Full Name of Father, Georg Fred Lang
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return Seebach

Address, Pratt Str ner Fremond Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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HEALTH DEPARTMENT SEP 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te Edward

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White A. 11124
3. Date of Birth, August 8te 1889
4. Place of Birth, (Street and Number) Low st * 1146.
5. Full Name of Mother, Maria Jacobs
6. Mother's Maiden Name, Stiner
7. Mother's Birthplace, Ungaria
8. Full Name of Father, Moris Jacobs
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Ed Scherman

Address, Albemarle st ex 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 A 14125

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8 inst 1889
4. *Place of Birth, (Street and Number)* Baltimore No 766 Mulberry St
5. *Full Name of Mother,* Catherine Hamberry
6. *Mother's Maiden Name,* Catherine Donellan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Hamberry
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne Ellan St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth A. 1H176
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 8
4. Place of Birth (Street and Number),	1402 N. Calvert St Baltimore
5. Full Name of Mother,	Teresa Downey
6. Mother's Maiden Name,	Teresa Canty
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John T. Downey
9. Father's Occupation,	Collector
10. Father's Birthplace,	Alexandria Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Jones
Address,	
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A. 1417

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8th 1889
4. *Place of Birth, (Street and Number)* Bank St No 1405
5. *Full Name of Mother,* Bridget Elgert
6. *Mother's Maiden Name,* Bridget Snee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Elgert
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A. 14128 5. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 8th 1889
4. *Place of Birth, (Street and Number)*	No. 2115 Calverton Ave
5. *Full Name of Mother,*	Mrs Mary Schlaich
6. *Mother's Maiden Name,*	Miss Mary Reichert
7. *Mother's Birthplace,*	Würtenberg Germany
8. *Full Name of Father,*	Mr Henry Schlaich
9. *Father's Occupation,*	Würtenberg Germany
10. *Father's Birthplace,*	Mrs Hiller
Name of Medical Attendant, or other person who makes this Return.	2127 West Pratt St
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 14129

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8th 1889
4. *Place of Birth, (Street and Number)* Baltimore 1631 Pressbury
5. *Full Name of Mother,* Alice Cecelia Oneill
6. *Mother's Maiden Name,* Alice C. Monohan
7. *Mother's Birthplace,* Orleans La
8. *Full Name of Father,* Thomas Frances Oneill
9. *Father's Occupation,* Cornice Maker
10. *Father's Birthplace,* Buffloo New York

Name of Medical Attendant, or other person who makes this Return. Mrs G. H. Bush

Address, 1603 Pressbury

Remarks, Healthy

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14130

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of August
4. Place of Birth, (Street and Number) 2720 O Donell St.
5. Full Name of Mother, Elise Woelschlager
6. Mother's Maiden Name, = Pfeifer
7. Mother's Birthplace, Balt
8. Full Name of Father, Friedrich Woelschlager
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14131

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 8th August
4. *Place of Birth, (Street and Number)* No 238 Parkin St.
5. *Full Name of Mother,* Ellen Maclen
6. *Mother's Maiden Name,* " Negan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Maclen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Hourigan

Address, 412 Scott St

Remarks,

[illegible] under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14132

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Fiemole
2. Race or Color, (if not of the white race) Collord
3. Date of Birth, augst 8th 1889
4. Place of Birth, (Street and Number) 930 N Eutow st Balto
5. Full Name of Mother, Lucy Willis
6. Mother's Maiden Name, Lucy Murry
7. Mother's Birthplace, Charles town md
8. Full Name of Father, John Willis
9. Father's Occupation, Cook
10. Father's Birthplace, fredichtrug va

Name of Medical Attendant, or other Person who makes this Return. Sarah Duvall

Address, 213 Jasper st

Remarks,

under whose charge of Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
AUG 9 1889
BALTIMORE, MD.

A 14133

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	8th August '89
4. Place of Birth (Street and Number)	648 W. Wayne St.
5. Full Name of Mother	Emma J. Stewart
6. Mother's Maiden Name	Emma J. Silphman
7. Mother's Birthplace	Somerset Co Md.
8. Full Name of Father	Lloyd A. Stewart
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. D. Dyer M.D.
Address	224 W. Hill St.
Remarks	Forceps had to be use The mother And child are doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 August
4. *Place of Birth, (Street and Number)*	Albermarle street 14
5. *Full Name of Mother,*	Therese Schmiezl
6. *Mother's Maiden Name,*	Therese Berkmeire
7. *Mother's Birthplace,*	Beirer
8. *Full Name of Father,*	Joseph Schmiezl
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Beirer
Name of Medical Attendant, or other person who makes this Return.	Mrs Schumann
Address,	327 South Bond
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 8th
4. *Place of Birth, (Street and Number)*	25 Belair Road
5. *Full Name of Mother,*	Rosie Robbar
6. *Mother's Maiden Name,*	Rosie Hampf
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Robber
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Ulricke Godzke
Address,	114 S. Bond St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Col Ward
3. *Date of Birth,* August 8 1889
4. *Place of Birth, (Street and Number)* 433 N Biddell St
5. *Full Name of Mother,* Fanney Turner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Winchester Va
8. *Full Name of Father,* Jacob Turner
9. *Father's Occupation,* Walter
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. L Carnish

Address, N 913 Jordan alley

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Marshall Albert ~~Smith~~ 2d

A. 14137

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* August 8th 1889
4. *Place of Birth, (Street and Number)* 807 Park Ave -
5. *Full Name of Mother,* Dora Smith
6. *Mother's Maiden Name,* Dora Albert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* A. Crawford Smith
9. *Father's Occupation,* Attorney
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return A. G. Horn

Address, 713 York Road

Remarks,

NOV 9 1889

"Your any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 8th 1889
4. *Place of Birth, (Street and Number)* 111 Chesnut St
5. *Full Name of Mother,* Corina Thomas
6. *Mother's Maiden Name,* " Price
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* William Thomas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Darkie ~~X~~ her Tomlin

Address, 103 Chesnut St

Remarks,

[illegible] midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14139

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 8 1889
4. *Place of Birth, (Street and Number)* Caple st 528
5. *Full Name of Mother,* Barbara Stusinka
6. *Mother's Maiden Name,* Hirtvl
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Barla Hirtvi
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohemien

Name of Medical Attendant, or other person who makes this Return. Mary Hospital

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-3-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Charles Block V

A. 14140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or color, (if not of the white race) white
3. Date of Birth, 9th Aug. 1889.
4. Place of Birth, (Street and Number) Castle str. # 206.
5. Full Name of Mother, Rosa Peterson
6. Mother's Maiden Name, " Block
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Block
9. Father's Occupation, Stevendore
10. Father's Birthplace, Greisgriegenheim, Kurhessen

Name of Medical Attendant, or other person who makes this Return. Mrs. Buchler

Address, midwife

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14 141

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 9, 1889
4. *Place of Birth, (Street and Number)*	902 E. Eutaw St.
5. *Full Name of Mother,*	Mary Moren
6. *Mother's Maiden Name,*	Mary Moren
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Patrick Moren
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CHECK NAME ADDED 4-11-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert M. Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 1477

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 2 1889
4. Place of Birth, (Street and Number) 909 Patapsco St.
5. Full Name of Mother, Bertha Brown
6. Mother's Maiden Name, Bertha Adams
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Sawyer

Address, 726 Luzerne St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d **A.** 1414 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 9. 1889.
4. *Place of Birth, (Street and Number)* 225 President St.
5. *Full Name of Mother,* Annie Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph Jones
9. *Father's Occupation,*
10. *Father's Birthplace,* Ham Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bennett

Address, 122 S. Exeter st

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Lee Kennard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A. 14424

1. Sex, (~~State whether male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 9th 1889
4. Place of Birth, (Street and Number) 717 Jefferson Ave. Waverly
5. Full Name of Mother, Mary E. Kennard
6. Mother's Maiden Name, " " Leonard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Kennard
9. Father's Occupation, Cigar Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Dunkin

Address, 811 Jefferson Ave Waverly Balto. Md.

Remarks, GIVEN NAME ADDED 4-5-54

L.M.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 14145

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug the 9th 1889
4. Place of Birth, (Street and Number) Carrollton Ave No 14 Carroll Baltimore
5. Full Name of Mother, Mrs Annie Sohn
6. Mother's Maiden Name, Annie Rapp
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Sohn
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll P.O. Baltimore Md

Remarks, Annie Rapp was born near Wilkens Factory then County now City

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d — A. 14146

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 9th
4. *Place of Birth, (Street and Number)* Baltimore light St 1573
5. *Full Name of Mother,* anne tanher
6. *Mother's Maiden Name,* Elliett
7. *Mother's Birthplace,* Salisbery Md
8. *Full Name of Father,* thomas tanher
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Heathcoan

Address, 1514 light St

Remarks,

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 11447

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 9th 1889
4. Place of Birth, (Street and Number) Frisby St Waverly Baltimore
5. Full Name of Mother, Julia H. Knight
6. Mother's Maiden Name, " " Piper
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Marian Knight
9. Father's Occupation, Pressman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, 811 Jefferson Ave. Waverly Balto. Md.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14148

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 9 of Aug 1889
4. *Place of Birth, (Street and Number)* No 1016 Chase St
5. *Full Name of Mother,* Annie S. Herbert
6. *Mother's Maiden Name,* Annie Streb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Herbert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Ch. Sauer

Address, No 1057 Harford Ave

Remarks, Bal Md 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child A 14149

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Aug 9th 1889
4. *Place of Birth, (Street and Number)* No. 1821 Lemmon Str
5. *Full Name of Mother,* Mrs Annie Deans
6. *Mother's Maiden Name,* Miss Annie Aschback
7. *Mother's Birthplace,* ~~Mar~~ St Mary County MD
8. *Full Name of Father,* Mr George Aschbach
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14150

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 9th 1889
4. *Place of Birth, (Street and Number)*	605 Cumberland St
5. *Full Name of Mother,*	Lucie D. Coom
6. *Mother's Maiden Name,*	Lucie Douglass
7. *Mother's Birthplace,*	Connecticut
8. *Full Name of Father,*	Charles S Coom
9. *Father's Occupation,*	Manufacturer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	L. B. Pacetti MD
Address,	1124 Druid Hill Ave
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 14151

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 9/89
4. Place of Birth, (Street and Number) No 404 Madeira Alley
5. Full Name of Mother, Lina Hahn
6. Mother's Maiden Name, Jungermann
7. Mother's Birthplace, Germany
8. Full Name of Father, George Hahn
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First- A. 12-15-2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 9th 1899
4. *Place of Birth, (Street and Number)*	Monroe & Ramsay
5. *Full Name of Mother,*	Kate Ramm
6. *Mother's Maiden Name,*	Kate Wolf
7. *Mother's Birthplace,*	Bates.
8. *Full Name of Father,*	Chas. Ramm
9. *Father's Occupation,*	Coach Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Joseph L Blum
Address,	641 Columbia Av
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall [illegible] the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly [illegible] the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner in the form of a birth of any child shall occur without the attendance of a Physician or practitioner of [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d **A** 14153

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 9th 1889
4. *Place of Birth, (Street and Number)* 218 Stockton aly
5. *Full Name of Mother,* Rela Thonton
6. *Mother's Maiden Name,* Rela Griffin
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Georg Thonton
9. *Father's Occupation,* Plaster
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other Person who makes this Return. Ann Lewis

Address, 871 Boyd st.

Remarks, none

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th A. 11457

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth Aug. 9th 1889
4. Place of Birth, (Street and Number) # 2438 York Road
5. Full Name of Mother, Lillie Va. Redmond
6. Mother's Maiden Name, L. V. Peterson
7. Mother's Birthplace, Harford Co.
8. Full Name of Father, Thos. Redmond
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other Person who makes this Return. Fayette M. Latham M. D.

Address, # 40 W. North Ave.

Remarks, ...

SECTION 4.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Robert Steinmiller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child 14155

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 9 1889.
4. Place of Birth, (Street and Number) 1335 Charles st.
5. Full Name of Mother, Johanna Steinmiller.
6. Mother's Maiden Name, Hohenadel.
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Steinmiller.
9. Father's Occupation, Customhouse-officier.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. J. Schwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th **A.** 14156

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 9th 1889
4. *Place of Birth, (Street and Number)* #1612 Stirling St
5. *Full Name of Mother,* Mary Emrich
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis Emrich
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs L Jenar Hillegeist

Address, #1038 E Monument St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* Hyurt 9
4. *Place of Birth, (Street and Number)* Jackson rt 110
5. *Full Name of Mother,* ellen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore ~~george Willaims~~
8. *Full Name of Father,* george Willaims
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. rannah J. Wilson

Address, Hurry rt 115

[illegible] in birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of [illegible] schedule shall contain a list of the births which have occurred under his or her care during the [illegible] shall set forth as far as the same can be ascertained the full name of each child, if any shall have [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] about the attendance of a physician or practitioner of midwifery, or should no other person be in [illegible] the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] or persons who shall hereafter fail to comply with the provisions of this section shall be sub- [illegible] of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 6th **A.** 14158

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* Aug 9th 189
4. *Place of Birth,* (*Street and Number*) 624 Barre St.
5. *Full Name of Mother,* Emma J. Holtz
6. *Mother's Maiden Name,* Emma J. Toft
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Samuel Holtz
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John J. R. Krozer M.D.

Address, 662 W Lexington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14169

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 the August
4. Place of Birth, (Street and Number) 2312 Essex Street
5. Full Name of Mother, Pauline Trölenberg
6. Mother's Maiden Name, = Meritz
7. Mother's Birthplace, Pudawitz. Perufien
8. Full Name of Father, Wilhelm Trölenberg
9. Father's Occupation, Labeln
10. Father's Birthplace, Pudawitz

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster Ste.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

OPEN RANGE ADDED 4-29-52

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Ray Yeakle Gildea

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 9th 1889
4. Place of Birth (Street and Number)	630 Carrollton Ave ✓
5. Full Name of Mother	Mary A. Gildea ✓
6. Mother's Maiden Name	Mary A. Yakle ✓
7. Mother's Birthplace	Frederick City Md. ✓
8. Full Name of Father	John H. Gildea ✓
9. Father's Occupation	Clerk ✓
10. Father's Birthplace	Balto City ✓
Name of Medical Attendant, or other Person who makes this Return.	J. C. Ehler M. D. ✓
Address	661 W. Fayette St.
Remarks	

A 1+160

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Record of this Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14161

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* August 9 1889
4. *Place of Birth, (Street and Number)* 129 East st
5. *Full Name of Mother,* Ida Rolison
6. *Mother's Maiden Name,* Ida West
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jack Rolison
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Caroline Jordan

Address, No 153 East st

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11116

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 9/89
4. *Place of Birth, (Street and Number)* 1105 Myrtle av
5. *Full Name of Mother,* Geiglein
6. *Mother's Maiden Name,* Geiglein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Don't Know
9. *Father's Occupation,* Do
10. *Father's Birthplace,* Do

Name of Medical Attendant, or other Person who makes this Return. C C Pole

Address, 2102 Madison av

Remarks, Illegitimate

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14163

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* August 9th
4. *Place of Birth, (Street and Number)* 833 Columbia Ave
5. *Full Name of Mother,* Charlotte Augusta Arnreich
6. *Mother's Maiden Name,* Charlotte Augusta Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdnande Arnreich
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C Seebach

Address, 735 W Pratt St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14164

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, august 9th 1889
4. Place of Birth, (Street and Number) 347 Rose st Baltimore city
5. Full Name of Mother, Rose Jones
6. Mother's Maiden Name, Rose ford
7. Mother's Birthplace, St marys county
8. Full Name of Father, Ben Jones
9. Father's Occupation, Cook ~~St marys co~~
10. Father's Birthplace, St marys county

Name of Medical Attendant, or other Person who makes this Return. Dorsh Lewood

Address, 213 Jefferson st Balto md

Remarks,

John Murphy & Co., City Printers and Stationers.

Section 1. Be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14165

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9th 1889
4. *Place of Birth, (Street and Number)* 427 O. Madeira Al.
5. *Full Name of Mother,* Kate Biel
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Biel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. James F. McShane, M.D.

Address, 2225 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A.** 14166

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10 1889
4. *Place of Birth, (Street and Number)* Dallas st 1435
5. *Full Name of Mother,* Barbara Rummel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Geramen
8. *Full Name of Father,* Andreas Rummel
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Geramen

Name of Medical Attendant, or other person who makes this Return. Mary S Lupstir

Address,

Remarks, Washington 205

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10 1889
4. *Place of Birth, (Street and Number)* N Chappel st 417
5. *Full Name of Mother,* Eva Katharina
6. *Mother's Maiden Name,* Thim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ulrick Thim
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Coffee

Address,

Remarks, Washington 20

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10. 1889.
4. *Place of Birth, (Street and Number)* 218 Hanover Str.
5. *Full Name of Mother,* Rose Weiman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moses Weiman
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-21-58.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Kurtz

A 14169

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1889
4. *Place of Birth, (Street and Number)* 824 Druid Hill Ave.
5. *Full Name of Mother,* Emma K. Kurtz
6. *Mother's Maiden Name,* Wheeler
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* George H. Kurtz
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* York Co. Pa.

Name of Medical Attendant, or other person who makes this Return. S. W. Seldrud M. D.

Address, S. E. Cor. Carolina & Lager Sts

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-14-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Beatrice Trotton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 14170
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 10th 1889.
4. *Place of Birth, (Street and Number)*	803 N. Penn St
5. *Full Name of Mother,*	Jennie Trotton
6. *Mother's Maiden Name,*	Gatchair
7. *Mother's Birthplace,*	Brooklyn N. Y.
8. *Full Name of Father,*	James T. Trotton
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S. E. Cor Caroline & Eager Sts
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (8th) Eighth A. 14171

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 10th 1889.
4. *Place of Birth (Street and Number),* Townsend St. Extended (Calverton)
5. *Full Name of Mother,* Alice Amelia Cole
6. *Mother's Maiden Name,* " " Hummer
7. *Mother's Birthplace,* Loudoun Co Va
8. *Full Name of Father,* George Emory Cole
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hummer

Address, 212 W. Franklin St.

Remarks,

Extract Regulations of the Health Department to secure a Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth **A.** 14172

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 10 — 1889
4. Place of Birth, (Street and Number) 86 Shaw St
5. Full Name of Mother, Constance Branigan
6. Mother's Maiden Name, " Bosman
7. Mother's Birthplace, Md
8. Full Name of Father, Sylvester Branigan
9. Father's Occupation, Captain Boat
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs C A Lewis

Address, 602 Hanover St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to secure a full and correct

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A** 11178

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10th 1889
4. *Place of Birth, (Street and Number)* Baltimore Rine Street No 29
5. *Full Name of Mother,* Mary McLarty
6. *Mother's Maiden Name,* Mary Clark
7. *Mother's Birthplace,* Irelandd
8. *Full Name of Father,* Michell McLarty
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* Colerd
3. *Date of Birth,* August 10
4. *Place of Birth, (Street and Number)* Harp st 110
5. *Full Name of Mother,* Anne Renard
6. *Mother's Maiden Name,* Anne Tayler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jeremiah
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Conrad J Wilson

Address, Hurley st 115

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colerd
3. *Date of Birth,*	August 10
4. *Place of Birth, (Street and Number)*	Surey st 122
5. *Full Name of Mother,*	Lizzy Mills
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Coloured
8. *Full Name of Father,*	John Laurence
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarrah E Wilson
Address,	W Surey st 115
Remarks,	

EXTRACT from Ordinances of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14176

HEALTH DEPARTMENT SEP 7 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1889
4. *Place of Birth, (Street and Number)* 1109 Etting Street
5. *Full Name of Mother,* Louisa Holtwager
6. *Mother's Maiden Name,* Louisa Kelgh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Holtwager
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

A 14177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 10/89
4. *Place of Birth, (Street and Number)* N° 2206 E. Lombard St
5. *Full Name of Mother,* Marie Lutzmann
6. *Mother's Maiden Name,* Mulany
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lutzmann
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14178

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10 1889.
4. *Place of Birth, (Street and Number)* 1207 Biddle St
5. *Full Name of Mother,* M. Clapp
6. *Mother's Maiden Name,* M. Shilvard.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* N. Clapp
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. L. Burt

Address, 1245 E Monument St.

Remarks, All Well.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14179

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th
4. *Place of Birth, (Street and Number)* Waverly. Calvin, Av. No 412
5. *Full Name of Mother,* Clara Ellen Turner
6. *Mother's Maiden Name,* Clara Ellen Clarke
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Charles Smoot Turner
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Harriet Blatchley

Address, 114 Old York Road Waverly

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 14180

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 10 - 1889
4. *Place of Birth, (Street and Number)* 1315 W Balto
5. *Full Name of Mother,* Minnie B. ~~Flach~~ Goetz
6. *Mother's Maiden Name,* Flach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles G. Goetz
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H. Gordon M.D.

Address, 1430 W Fayette St

Remarks,

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11418

HEALTH DEPT SEP 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 10th 1889.
4. Place of Birth, (Street and Number) 1414 E. Lombard st.
5. Full Name of Mother, Catherine P. Keller
6. Mother's Maiden Name, Catherine P. Peterson.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jacob P. Keller
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Chas. K. A. Meyer M.D.

Address, 953 N. Gay st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14182

HEALTH DEPARTMENT
SEP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 10th 1889
4. Place of Birth, (Street and Number) Maternite'
5. Full Name of Mother, } Mary Smith
6. Mother's Maiden Name, }
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res. Phy. Maternite

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTRAR'S OFFICE, SEP 1 1889 BALTIMORE

A. 14183

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) ~~girl~~ Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 August
4. Place of Birth, (Street and Number) baltimore 1113 Lemmy St
5. Full Name of Mother, Ann Luisa Wood
6. Mother's Maiden Name, Ann Luise Jubb
7. Mother's Birthplace, baltimore
8. Full Name of Father, Will Wood
9. Father's Occupation, laber
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs P Luersmann

Address, Her St 1225

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	7th A. 11184
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	10th August 1889
4. *Place of Birth*, (*Street and Number*)	1437 Hanbert St
5. *Full Name of Mother*,	Rose Campbell
6. *Mother's Maiden Name*,	Reain
7. *Mother's Birthplace*,	Avalon Baltimore Co
8. *Full Name of Father*,	John Campbell
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gravell
Address,	516 Front Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14183

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th August 1859
4. *Place of Birth, (Street and Number)*	No 802 Mulberry St. Baltimore
5. *Full Name of Mother,*	Caroline Scholz
6. *Mother's Maiden Name,*	Caroline Weil
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Frank Scholz
9. *Father's Occupation,*	Fringes Trimmings &c.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14186

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 10. 87
4. Place of Birth (Street and Number),	654 W. German St
5. Full Name of Mother,	Nettie C. Hansson
6. Mother's Maiden Name,	Nettie Dorn
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Theodor Hansson
9. Father's Occupation,	Varnisher
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. Wall M. D.
Address,	658 W. German St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child A. 14187
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 10 1889.
4. *Place of Birth, (Street and Number)*	1135 Williams st.
5. *Full Name of Mother,*	Mary Brunner.
6. *Mother's Maiden Name,*	Junker.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	George Brunner.
9. *Father's Occupation,*	Book-keeper.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14188

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10, 1889
4. Place of Birth, (Street and Number) 513 Dolphin St
5. Full Name of Mother, Mary Harding
6. Mother's Maiden Name, Mary Bishop
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Victor Harding
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ellicott City Md

Name of Medical Attendant, or other Person who makes this Return A K Bond M D

Address, 311 W Biddle St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second. A. 14189

1. Sex, (State whether male or female) male.
2. Race or color, (if not of the white race) white.
3. Date of Birth, August 10th. 89 1 a m
4. Place of Birth, (Street and Number) 1631 Harford Ave.
5. Full Name of Mother, Annie H Küberth.
6. Mother's Maiden Name, Dirken
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Ignatius Küberth.
9. Father's Occupation, Paper hanger.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Ernst J Stein M.D.

Address, 1144 Harford Ave

Remarks, Position Left O. A. Presentation Vertex.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14190

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 August 1889
4. *Place of Birth, (Street and Number)* Pine Street 8 & 10
5. *Full Name of Mother,* Augusta Henrietta Hausmann
6. *Mother's Maiden Name,* A. Kurth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Heinrich Hausmann
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Berlebury — Germany

Name of Medical Attendant, or other Person who makes this Return. D. G. Reinhard

Address, 720 N. Howard Street

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14191

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10th August 1885
4. *Place of Birth, (Street and Number)* 17 Norris Alley
5. *Full Name of Mother,* Sally White
6. *Mother's Maiden Name,* Sally Douglas
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Douglas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary S. Richardson

Address, 315 Kirby St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11119

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th August 1888
4. Place of Birth, (Street and Number) 321 Myrtle St.
5. Full Name of Mother, Cecilia Gordwin
6. Mother's Maiden Name, Cecilia Maynard
7. Mother's Birthplace, Prince Georges County
8. Full Name of Father, Thomas Gordwin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Richardson

Address, 315 King St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14193

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10th August 1889
4. *Place of Birth, (Street and Number)* 653 W Mulberry St
5. *Full Name of Mother,* Mary Ann Scales
6. *Mother's Maiden Name,* M. A. Dott
7. *Mother's Birthplace,* Cape Colony (Africa)
8. *Full Name of Father,* Fred. Scales
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. D. W. Heldmann M. D.

Address, 254 Pearl St Balt

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child A. 14194
1. *Sex, (State whether male or female)*	male Adam Kaufman
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 10 August 1899
4. *Place of Birth, (Street and Number)*	Biddle St No 1812
5. *Full Name of Mother,*	Maria Kaufman
6. *Mother's Maiden Name,*	Lotzen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adam Kaufman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Maria Anna Mayer
Address,	Biddle St No 1933
Remarks,	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — E 1 H 195

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 10th 1889
4. Place of Birth, (Street and Number) 1319 E. Monument St
5. Full Name of Mother, Mary Bochner
6. Mother's Maiden Name, Mary Maurer
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Bochner
9. Father's Occupation, Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Walter

Address, 1002 E. Baltimore St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14196

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 10th 1889
4. Place of Birth, (Street and Number) No 1732 S Charles st
5. Full Name of Mother, Mary E. Smith
6. Mother's Maiden Name, Mary E Easter
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John Smith
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 South Charles st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 16 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 10 of Aug 1887
4. *Place of Birth, (Street and Number)* No 918 E. Chase
5. *Full Name of Mother,* Annie Theresa Hinternach
6. *Mother's Maiden Name,* Annie Theresa Weidenborner
7. *Mother's Birthplace,* St Mary's Elk Conn
8. *Full Name of Father,* George Hinternach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1057 Harford Ave

Remarks, Bal Md 1887

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14198

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th of Aug 1889
4. *Place of Birth, (Street and Number)* No 1300 Holland Ave
5. *Full Name of Mother,* Kate Corrigan
6. *Mother's Maiden Name,* Kate Dolan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Corrigan
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lauer

Address, No 59 Holland Ave

Remarks, Bal Md

1889

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14199

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 10 1889
4. *Place of Birth, (Street and Number)*	640 Constitution st
5. *Full Name of Mother,*	Elizabeth O'Neill
6. *Mother's Maiden Name,*	" Kujpris
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	H. F. O'Neill
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	David Stott. MD
Address,	403 S. Ryder st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. E. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child **A** 14200

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11th day of August
4. *Place of Birth, (Street and Number)* 141 W. Stockholm St Balto.
5. *Full Name of Mother,* Elizabeth Willet
6. *Mother's Maiden Name,* Elizabeth Benese
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Charles. E Willet
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Minch

Address, 800 Leadenhall Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 14201

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Aug 11 89
4. *Place of Birth, (Street and Number)* 809 W Barre St
5. *Full Name of Mother,* Elizabeth Roby
6. *Mother's Maiden Name,* " Ulle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Roby
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Graham

Address,

Remarks,

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WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 14202

1. Sex, (state whether male ~~or female~~) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11 87
4. Place of Birth, (Street and Number) 1325 N Gilmor
5. Full Name of Mother, Ella Dorkey
6. Mother's Maiden Name, Ella Parker
7. Mother's Birthplace, Balto city
8. Full Name of Father, James J McKay
9. Father's Occupation, Brick layer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr Mc Chappell

Address, 1351 N Gilmor St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 14203
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 11th
4. *Place of Birth, (Street and Number)*	31 Belair Ave
5. *Full Name of Mother,*	Caroline Herranger
6. *Mother's Maiden Name,*	" Hochler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Herranger
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groppe
Address,	940 N. Gay st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14204

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 11 th 1889
4. *Place of Birth, (Street and Number)*	1500 E Chase st
5. *Full Name of Mother,*	Margeret Erdmann
6. *Mother's Maiden Name,*	" Carlose
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John W Erdmann
9. *Father's Occupation,*	Milk dealer
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st.
Remarks,	

register of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 14205

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 11th 1889
4. *Place of Birth (Street and Number),* — Gorsuch Av.
5. *Full Name of Mother,* Ida Green
6. *Mother's Maiden Name,* — McDonald.
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Daniel Green
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. L. N. Monnonier M.D.

Address, 634 Gorsuch Av.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Camille Jerome Lang

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th A. 14206

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 11th '89
4. Place of Birth (Street and Number), 401 Saratoga St. W.
5. Full Name of Mother, Brijiel- Lang
6. Mother's Maiden Name, " Gabrielle
7. Mother's Birthplace, France
8. Full Name of Father, Jerome Lang
9. Father's Occupation, Upholsterer
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks, GIVEN NAME ADDED 2-1-54

L.M.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 14207

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11th 1889
4. *Place of Birth, (Street and Number)* 705 Lanvale St
5. *Full Name of Mother,* Mary Brookes
6. *Mother's Maiden Name,* Nurse
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Thomas B. Brookes
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N Carrollton Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 14708

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* Colored -
3. *Date of Birth,* August 11" 1889
4. *Place of Birth, (Street and Number)* 1811 Guilford Place
5. *Full Name of Mother.* Lucelia Black
6. *Mother's Maiden Name,* Not known
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Edmund Black
9. *Father's Occupation,* Day man
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Del B. Thomas M.D.

Address, 302 E Lanvale St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14209

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 the 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 11 of Aug 1889
4. *Place of Birth, (Street and Number)* No x 819 Somerset St
5. *Full Name of Mother,* Brigat Wall
6. *Mother's Maiden Name,* Brigat Malone
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Wall
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1054 Harford Ave

Remarks, Bal Md 1889

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Saraha A. 14710

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August. 11th 1889
4. Place of Birth, (Street and Number) #105 Estern ave
5. Full Name of Mother, Saraha O Donnell Thompson
6. Mother's Maiden Name, Saraha O Donnell
7. Mother's Birthplace, Scotland.
8. Full Name of Father, John B. Thompson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. E. Schessman

Address, Albemarle st N 103

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child A. 14211

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 19th 1889.
4. Place of Birth, (Street and Number) # 1802. Frederick Ave.
5. Full Name of Mother, Emma J. McKinzey.
6. Mother's Maiden Name, " " " Strahane.
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Leonard O. McKinzey.
9. Father's Occupation, Milk. driver.
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 116. S. Monroe St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (State whether male or female) Male, A. 14212
2. Race or color, (if not of the white race)
3. Date of Birth, August 11th 1889.
4. Place of Birth, (Street and Number) 935 Gladiner Ave,
5. Full Name of Mother, Annie Anderson.
6. Mother's Maiden Name, Annie Holtzer,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Henry Anderson,
9. Father's Occupation, Hat Salesman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Catherine Carroll M.D.

Address, 1403 Presstman St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 11th
4. *Place of Birth, (Street and Number)*	135 W. Camden st
5. *Full Name of Mother;*	Catherine Knorr
6. *Mother's Maiden Name,*	Hartley
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Jacob F. Knorr
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	[redacted] M D
Address,	[redacted] st
Remarks,	

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-9-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Elizabeth Moylan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 14214

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11, 1889
4. Place of Birth, (Street and Number) Baltimore cor Lombard. Broadway 1634
5. Full Name of Mother, Mrs Annie Moylan
6. Mother's Maiden Name, Annie Hyland
7. Mother's Birthplace, Cockesville
8. Full Name of Father, Thomas Moylan
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. Anna Webb.

Address, 24 iron Alley

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Smale
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* sunday august 11. 1887
4. *Place of Birth, (Street and Number)* 125 East st Baltimore Md
5. *Full Name of Mother,* Molly Rankines
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Williames keyes
9. *Father's Occupation,* lumber yard
10. *Father's Birthplace,* sent Mary county Md

Name of Medical Attendant, or other Person who makes this Return. Dr Lemuel McCorkins Gordon

Address, 126 East st Baltimore Md

Remarks, ill

JOHN B. PIET, PRINTER & STATIONER, BALT.

Missing #A 14216

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14217

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 11th 1889
4. Place of Birth, (Street and Number) 1031 E. M. ave
5. Full Name of Mother, Mary Boyle
6. Mother's Maiden Name, " Hagerty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Boyle
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N Caroline

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) A. 11728

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* Aug 11th 1889 — 920 P.M.
4. *Place of Birth (Street and Number),* 312 Bloom St
5. *Full Name of Mother,* Fannie Sue Sauerwein
6. *Mother's Maiden Name,* Jacobs
7. *Mother's Birthplace,* Baltimore Charles County
8. *Full Name of Father,* Thomas Carey Sauerwein
9. *Father's Occupation,* Fish Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias Le Price M.D.

Address, 953 Madison Ave

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child A. 14719
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 11 1889.
4. *Place of Birth, (Street and Number)*	1708 ~~Bird~~ st. Bird
5. *Full Name of Mother,*	Emma Lucas.
6. *Mother's Maiden Name,*	Fielitz.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Charles Lucas.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

SECTION 3.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child A. 1472 20

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11th 1889
4. Place of Birth, (Street and Number) N. Spring St. No 1623
5. Full Name of Mother, Clara Ebens
6. Mother's Maiden Name, Clara Müller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Ebens
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, Mary E. Müller N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Dtto A. 14271

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 11th 1889
4. *Place of Birth, (Street and Number)* 1824 Wilkens Av.
5. *Full Name of Mother,* Kate Haupt
6. *Mother's Maiden Name,* " Bauer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Haupt
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill Mtd

Address, 1401 N. Fayette

Remarks,

[illegible] chacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A** 14222

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Aug 11 1884
4. *Place of Birth, (Street and Number)* 1052 N. Front
5. *Full Name of Mother,* Margaret Binstead
6. *Mother's Maiden Name,* " O'Neill
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* George Binstead
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. David Sheth M.D.

Address, 403 N. Exeter St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child A. 14 273

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White
3. Date of Birth, 11th of August 1889
4. Place of Birth, (Street and Number) 622 North Castle Street
5. Full Name of Mother, Paulina Heider
6. Mother's Maiden Name, Paulina Steinmeitz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Steinmeitz
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Paulina Kunkel

Remarks, Healthy

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, and every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth, (4th A. 14224

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 11th 1889
4. Place of Birth, (Street and Number) No. 1823 E. Eager St.
5. Full Name of Mother, Mrs. Ida May Grape
6. Mother's Maiden Name, Miss Ida May Hopper
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Gilbut Cassard Grape
9. Father's Occupation, Bacon Dealer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant or other person who makes this Return. Wm H. Clendinen, M.D.

Address, 1702 E. Fayette St Cor. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child A. 1775

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), white
3. Date of Birth, 11 day of August
4. Place of Birth (Street and Number), Charles b. 1761.
5. Full Name of Mother, Amily Hardhous.
6. Mother's Maiden Name, Amily Shreiber
7. Mother's Birthplace, Germany. Kasel.
8. Full Name of Father, Fred Hardhouz
9. Father's Occupation, Furniture Factory.
10. Father's Birthplace, Germany Kasel.

Name of Medical Attendant, or other person who makes this Return. Anna Maret

Address, 1703 Hanover St. Holler

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. 1A. 1H2W6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 12. 89.
4. *Place of Birth, (Street and Number)* 110 Hanover St
5. *Full Name of Mother,* Mary Sabisky
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Vincent Sabisky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Opie Sultzer

A 14227

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male (Female)
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 12th 89
4. Place of Birth, (Street and Number)	426 E. Lanvale
5. Full Name of Mother,	Mary V Sultzer
6. Mother's Maiden Name,	" " Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry C. Sultzer
9. Father's Occupation,	Reporter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

Any person having charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 14778

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Monday August 12/59
4. *Place of Birth, (Street and Number)* 1027 Light st.
5. *Full Name of Mother,* Mrs Sophia A Windus
6. *Mother's Maiden Name,* Miss Sophia A Schreyer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Werner Windus
9. *Father's Occupation,* Variety Business
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Minnick

Address, 70 Light st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Monday August 12/89.
4. *Place of Birth, (Street and Number)* 1027 Light st.
5. *Full Name of Mother,* Mrs Sophia A. Windsor
6. *Mother's Maiden Name,* Miss Sophia A Schuyer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Werner Windsor.
9. *Father's Occupation,* Variety Bussiness
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Geo. Minnick

Address, 20 Lombard st

Remarks,

Any midwife under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 3d A. 14230

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 12 92
4. Place of Birth, (Street and Number) 614 Cross st.
5. Full Name of Mother, Carolina Reed
6. Mother's Maiden Name, " Lieck
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Reed
9. Father's Occupation, Glass blower
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. C. L. Braddock

Address, 418 S. Paca st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 14731

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th 1889
4. Place of Birth, (Street and Number) 118 N. Schroeder St.
5. Full Name of Mother, Mary Kramer
6. Mother's Maiden Name, " " Nordmeyer
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis Kramer
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm Gombel M.D.

Address, 610 S. Sharp St.

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14732

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 August
4. *Place of Birth, (Street and Number)* 2541 Lancaster St.
5. *Full Name of Mother,* Cecilie Korviack
6. *Mother's Maiden Name,* = Pfeifer
7. *Mother's Birthplace,* Posen (Persijen)
8. *Full Name of Father,* Anton Korviack
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Posen.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

A 14733

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Aug 12th 1889
4. *Place of Birth, (Street and Number)*	313 Falls Road, Hampden
5. *Full Name of Mother,*	Emma Jane Giles
6. *Mother's Maiden Name,*	" " Moran
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry C. Giles
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Sullivan
Address,	Hampden, City. Extended
Remarks,	

The [illegible] or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14234

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 12/89
4. Place of Birth, (Street and Number) No. 1736 Aliceanne ft
5. Full Name of Mother, Minnie Dickmann
6. Mother's Maiden Name, Schäfer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dickmann
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A. 14735
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	aug 12 -
4. *Place of Birth, (Street and Number)*	1023 E Madison
5. *Full Name of Mother,*	Mollie Stott
6. *Mother's Maiden Name,*	Mollie Raintree
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	John Stott
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Daniel V Hoyer MD
Address,	1200 N Eden St
Remarks,	City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-27-59

To the Office of Registrar of Vital Statistics, Board of [illegible]th, Baltimore City.

Name: Charles Anton Schier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Childrens A 14236

1. Sex, (State whether male or female) male ✓
2. Race or color, (if not of the white race) white ✓
3. Date of Birth, 12th 29th August
4. Place of Birth, (Street and Number) 1031 hall alley ✓
5. Full Name of Mother, Kate Schier ✓
6. Mother's Maiden Name, Kat Ulrich ✓
7. Mother's Birthplace, Baltimore ✓
8. Full Name of Father, Gorge Schier ✓
9. Father's Occupation, Sabor ✓
10. Father's Birthplace, Baltimore ✓

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Conway

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A 14737
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 12th 1889.
4. *Place of Birth, (Street and Number)*	1263 William st
5. *Full Name of Mother,*	Laura D Batchelor
6. *Mother's Maiden Name,*	Laura D Bittner
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Martin Batchelor
9. *Father's Occupation,*	Roofer.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Caldwell
Address,	606 Hanover st.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th A 1417 38

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, Aug 12. 1889 1.20 A.M.
4. Place of Birth (Street and Number), 108 W. Broadway
5. Full Name of Mother, Jane Dungan Fenhagen
6. Mother's Maiden Name, Comer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas D Fenhagen
9. Father's Occupation, Lumber Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price M D.

Address, 953 Madison Ave

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) ~~First~~. Fourth

1. *Sex*, (*State whether male or female*) ~~Female~~ Male.
2. *Race or color*, (*if not of the white race*) African Black A. 14 V 59
3. *Date of Birth*, August 12th 1889.
4. *Place of Birth*, (*Street and Number*) #124 N. Madeira Alley.
5. *Full Name of Mother*, Maggie Elizabeth Wilson.
6. *Mother's Maiden Name*, Maggie E. Conner.
7. *Mother's Birthplace*, Patapsco Neck. Baltimore County Maryland.
8. *Full Name of Father*, William H. Wilson.
9. *Father's Occupation*, Driver and laborer.
10. *Father's Birthplace*, Patapsco Neck. Balto. Co Maryland.

Name of Medical Attendant, or other person who makes this Return, Dr. John Davis.

Address, #235. N. Chester Str.

Remarks, Natural delivery.

Baltimore under whose charge or superintendence and attendance that every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 114140

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, 12 August 1884
4. Place of Birth, (Street and Number) Maryland Avenue & 5th Street
5. Full Name of Mother, Matilda Gill
6. Mother's Maiden Name, " Robb
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Ernest Gill
9. Father's Occupation, Merchant.
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. Martney Brewer M.D

Address, 1106 N. Caroll St.

Remarks, Albuminuria - Convulsions - premature labor at Commencement of 9th month

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 14241

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 12. 1889
4. *Place of Birth, (Street and Number)* 912 Dallas St.
5. *Full Name of Mother,* Mary Ann Roberts.
6. *Mother's Maiden Name,* Nixon.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wise Roberts.
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821. Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14744

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 12th 1889
4. Place of Birth, (Street and Number) 731 E. Preston
5. Full Name of Mother, Maud Watson Merryman
6. Mother's Maiden Name, " " Shoemaker
7. Mother's Birthplace, Phila
8. Full Name of Father, Edward Clinton Merryman
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balto Co Md. Cockeysville

Name of Medical Attendant, or other person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14243

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 12 1889
4. *Place of Birth, (Street and Number)*	No 417 Madison st
5. *Full Name of Mother,*	Katie Merriman
6. *Mother's Maiden Name,*	Kimmitz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Merriman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harington
Address,	No 924 Pine
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth. A. 14744

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 12, 1889.
4. Place of Birth, (Street and Number) No. 1202 E. Townsend st.
5. Full Name of Mother, Maggie Bohanan.
6. Mother's Maiden Name, Maggie Legg.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Bohanan.
9. Father's Occupation, Wire Worker.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. C. Elwell M.D.

Address, 1241 Hanford ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third. A 14746
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	August 12th, 1889.
4. *Place of Birth, (Street and Number)*	No. 1105 N. Stricker St
5. *Full Name of Mother,*	Mary E. Taylor.
6. *Mother's Maiden Name,*	King.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Walton Edgar Taylor
9. *Father's Occupation,*	merchant.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth A. 14746

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 12th 1889
4. *Place of Birth, (Street and Number)* 1015 Druid Hill Av
5. *Full Name of Mother,* Alice A. Perkins
6. *Mother's Maiden Name,* Alice A. Meakin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward K. Perkins
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. A. Fleming MD

Address, 928 Madison Ave

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 14247

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 13—89
4. Place of Birth, (Street and Number) 1650 E. Pratt
5. Full Name of Mother, Julia Jorg
6. Mother's Maiden Name, Julia Schmidt
7. Mother's Birthplace, Baltr. Frederick Md
8. Full Name of Father, J. H. Jorg
9. Father's Occupation, Worker
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return. Frank G. Mayer M.D.

Address, 4 So. Exeter St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1st 248

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 13th 1889
4. *Place of Birth, (Street and Number)* 231 Raborg St.
5. *Full Name of Mother,* Ella Watts
6. *Mother's Maiden Name,* Ella Williams
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Watts
9. *Father's Occupation,* Brick yard
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. none Amy Cornish

Address, 871 Boyd st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 7-8-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Francis Cadell

A 14749

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 13th 89
4. Place of Birth, (Street and Number) 718 Ramsey St
5. Full Name of Mother, Mrs Kate Cadell
6. Mother's Maiden Name, Mrs Kate Harrington
7. Mother's Birthplace, Balto
8. Full Name of Father, W. F. Cadell
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. E. F. Phillips

Address, 735 W Lombard St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. **A.** 14250

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 13/89
4. *Place of Birth, (Street and Number)* 1240 Jackson St.
5. *Full Name of Mother,* Annie Meisel
6. *Mother's Maiden Name,* " Litz
7. *Mother's Birthplace,* York. Pa.
8. *Full Name of Father,* Francis Meisel
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Carey [illegible] St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th A 14251

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 13
4. Place of Birth, (Street and Number) 224 S. Chester st eit
5. Full Name of Mother, Mary Clara Waters
6. Mother's Maiden Name, Sheerwood
7. Mother's Birthplace, Balt city Md
8. Full Name of Father, John H Waters
9. Father's Occupation, Mariner
10. Father's Birthplace, Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. M D Davenport

Address, 225 S Ann st eit

Remarks, Baby well, Mother Not So Well

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1883
BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd
1. *Sex, (state whether male or female)*	Male A-14257
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 th August
4. *Place of Birth, (Street and Number)*	800 Saratoga Street
5. *Full Name of Mother,*	Lizzie Guseman
6. *Mother's Maiden Name,*	Lizzie Luttkardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Arnold Guseman
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Wesenfeld
Address,	1507 Pesina Avenue
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

A. 14263

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13 1889
4. *Place of Birth, (Street and Number)* 1520 Washington
5. *Full Name of Mother,* L. Bond
6. *Mother's Maiden Name,* L. Ames
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* L. Bond
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. L. Butt

Address, 845 E. Monument St

Remarks, All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14234

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) W Female
2. Race or Color, (if not of the white race) White Colored.
3. Date of Birth, August 13 1889
4. Place of Birth, (Street and Number) 140 McElderry St.
5. Full Name of Mother, L. Butler
6. Mother's Maiden Name, L. Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, W. Butler
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. A. Britt

Address, 1245 E. Monument St.

Remarks, Ill Well

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th A. 14255

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 13 1889
4. Place of Birth, (Street and Number) 718 N. Gilmore st
5. Full Name of Mother, Kate Estelle Rowe
6. Mother's Maiden Name, " " Reed
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Edward Rowe
9. Father's Occupation, Commission & Produce Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Harvey Gill MD

Address, 807 Allington Avenue.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) A 14206

1. *~~Sex~~, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 13 1889
4. *Place of Birth, (Street and Number)* 331 W. Hoffman
5. *Full Name of Mother* Elizabeth J. Memmert
6. *Mother's Maiden Name,* E. A. Short
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred'k Augustus Memmert
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M. D.

Address, 1027 Madison Ave.

Remarks,

JULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
3
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 14257

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 13 — 1889
4. *Place of Birth, (Street and Number)* 213 S. Exeter St.
5. *Full Name of Mother,* Elisabeth Gohlinghorst
6. *Mother's Maiden Name,* Kellett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Gohlinghorst
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1930
BALTIMORE

A. 14758

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 13 August
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Anastatie Hemel
6. *Mother's Maiden Name,* = Weigert
7. *Mother's Birthplace,* Rheinprechtshausen Bairn
8. *Full Name of Father,* Michel Hemel
9. *Father's Occupation,* carpenter.
10. *Father's Birthplace,* Rheinprechtshausen

Name of Medical Atiendant, or other person who makes this Return. Anna Walker

Address, 928 Cent. Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A. 14259

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 13. 89
4. Place of Birth, (Street and Number) 1231 Greenmount Ave
5. Full Name of Mother, Annie Margaret Bickett
6. Mother's Maiden Name, Annie Margaret Holmes
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joe Giffen Bickett
9. Father's Occupation, Silver Plater
10. Father's Birthplace, Philadelphia Penna

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, 936 Greenmount Ave

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14260

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) first child

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* August 13. 1889
4. *Place of Birth,* (*Street and Number*) 562 Orchard st
5. *Full Name of Mother,* Hattie Lomax
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Lomax
9. *Father's Occupation,* Cookster
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Costance

Address, 509 Preston Street.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first A. 14261

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth Aug 13-89

4. Place of Birth, (Street and Number) 968 Grove Alt.

5. Full Name of Mother, Jennie Robinson

6. Mother's Maiden Name, "

7. Mother's Birthplace, "

8. Full Name of Father, None

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. E. O. Miller, MD

Address, 312 W. Madison St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14262

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* Colerd
3. *Date of Birth,* Augst the 13
4. *Place of Birth, (Street and Number)* Flurey st 115
5. *Full Name of Mother,* Tuly floyed
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Cherterstown
8. *Full Name of Father,* ely Bagby
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Conrad T Wilson

Address, Flurey st 115

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 14763

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 13 1889.
4. Place of Birth, (Street and Number) No. 324 Washington A. Homestead.
5. Full Name of Mother, Maggie Ritter
6. Mother's Maiden Name, Maggie Kinnear.
7. Mother's Birthplace, Maryland
8. Full Name of Father, John K. H. Ritter
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Blewell M.D.

Address, 1741 Harford ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 13th 1889
4. *Place of Birth, (Street and Number)*	No 101 Browns Lane
5. *Full Name of Mother,*	Mrs Mc. Meetzger
6. *Mother's Maiden Name,*	Miss Mc. Fay
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr Lo. Meetzger
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the C
Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and c
register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissio
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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall
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third day of each and every month to the office of the Commissioner of Health. In case the birth of any
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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E A. 14265

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Aug 11 13-1885
4. Place of Birth, (Street and Number) No 608 Paterson Park ave
5. Full Name of Mother, Mary Ann Merii Harrington
6. Mother's Maiden Name,
7. Mother's Birthplace, Wicomico County Md
8. Full Name of Father, Alejandro Merii
9. Father's Occupation, ~~Farmer~~ Teamster
10. Father's Birthplace, Wicomico County Md

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, No 924 Binney St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 to B 14266
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 13th 1889
4. *Place of Birth, (Street and Number)*	No 7 Barney st
5. *Full Name of Mother,*	Catherine McNally
6. *Mother's Maiden Name,*	Catharine Hackely
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John McNally
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Catharine Horning
Address,	No 1517 Byrd st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT

A 14267

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 August
4. Place of Birth, (Street and Number) 2014 E. Biddle St
5. Full Name of Mother, Mary J. Cartell
6. Mother's Maiden Name, Heil
7. Mother's Birthplace, Balto.
8. Full Name of Father, Peter J. Cartell
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose Illig

Address, 1902 Holland St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d A. 14268
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 14th
4. *Place of Birth, (Street and Number)*	No. 707 W. Fay. St.
5. *Full Name of Mother,*	Hennie Goldstein
6. *Mother's Maiden Name,*	Hennie Newhoff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Goldstein
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	400 Cathedral St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14269

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 14th August 1889
4. *Place of Birth, (Street and Number)* Chester str: #119
5. *Full Name of Mother,* Mina Schulz
6. *Mother's Maiden Name,* ^ Liebmann
7. *Mother's Birthplace,* Eltena, Pommern
8. *Full Name of Father,* Bruno Liebmann
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler
Midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14270

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* August 14th 1889.
4. *Place of Birth, (Street and Number)* Register Str: # 239.
5. *Full Name of Mother,* Kathe Schreiber
6. *Mother's Maiden Name,* Kathe Dell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Dell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler Midwife

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* = Female A 14771
2. *Race or color, (if not of the white race)* = Colored
3. *Date of Birth,* = Aug 14 1889
4. *Place of Birth, (Street and Number)* 1022 Eastlon St
5. *Full Name of Mother,* Mary Campbell
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* West moreland Co Va
8. *Full Name of Father,* Daniel Smith
9. *Father's Occupation,* = = Driving
10. *Father's Birthplace,* West moreland Co Va

Name of Medical Attendant, or other person who makes this Return? Mary E Jones

Address, 1121 Saratoga St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 **A.** 14272

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 14th 1889
4. Place of Birth, (Street and Number) 1926 Aiken Ave st.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, " " McJoun
7. Mother's Birthplace, City
8. Full Name of Father, Mary Brown
9. Father's Occupation, " Eating Saloon
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bety

Address, 1744 Bank st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marion Welch Claggett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A 1427

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 14th 86
4. Place of Birth, (Street and Number) 1022 Mitton Place
5. Full Name of Mother, Mrs. Arthur L. Claggett
6. Mother's Maiden Name, Harriett L. Gibson
7. Mother's Birthplace, City
8. Full Name of Father, Arthur L. Claggett
9. Father's Occupation, Feed business
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Henry F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks, GIVEN NAME ADDED 10-16-53 h.m.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 11-23-65

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gilbert Calvin Fowler A 14274

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14 1889
4. Place of Birth, (Street and Number) Catonsville
5. Full Name of Mother, Alice Fowler
6. Mother's Maiden Name, Alice Simmins
7. Mother's Birthplace, Md
8. Full Name of Father Lawrence Fowler
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. M H Carter MD

Address, 1800 W. Balto St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11th 96

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 14th '89
4. Place of Birth (Street and Number), 2140 Fine St.
5. Full Name of Mother, Lena Hafner
6. Mother's Maiden Name, " Stetter
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry Hafner
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th A. 14276

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 14th
4. *Place of Birth, (Street and Number)* Baltimore Charles St 1428
5. *Full Name of Mother,* Jula A dixson
6. *Mother's Maiden Name,* Bsh
7. *Mother's Birthplace,* Marland
8. *Full Name of Father,* David A Dixon
9. *Father's Occupation,* Clurk
10. *Father's Birthplace,* Marland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light St

Remarks,

[illegible] of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14777

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 14, 1879.
4. *Place of Birth, (Street and Number)* 915 Stiles st
5. *Full Name of Mother,* Ema Norwood
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Norwood
9. *Father's Occupation,*
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter Sts.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d A 14278

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 14. 1889.
4. Place of Birth, (Street and Number) 6. N. Eden St.
5. Full Name of Mother, Caroline Silberman
6. Mother's Maiden Name, Buckner
7. Mother's Birthplace, Europe
8. Full Name of Father, Ahren Silberman
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernst

Address, 122 S. Eden St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14279

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 14th, 1889
4. Place of Birth, (Street and Number) 611 Little Paca Street
5. Full Name of Mother, Mrs Lora Williams
6. Mother's Maiden Name, Miss Lora Berger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Ross Williams
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Barker Jane Simms

Address, 377 Cross Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1889
BALTIMORE

A 14280

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 14th 1889
4. *Place of Birth, (Street and Number)*	10 Edmonson Ave
5. *Full Name of Mother,*	Lizzie Lemert
6. *Mother's Maiden Name,*	Lizzie Bernhard
7. *Mother's Birthplace,*	Lizzie Baltimore
8. *Full Name of Father,*	Willie Lemert
9. *Father's Occupation,*	Gilder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Emma Wesenfeld
Address,	1507 Penna Avenue
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14281

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14. 1889
4. Place of Birth, (Street and Number) 211 E. Townsend St.
5. Full Name of Mother, Lolla Dixon Pitts
6. Mother's Maiden Name, " Hughlett.
7. Mother's Birthplace, Talbert Co. Md
8. Full Name of Father, W. J. Pitts
9. Father's Occupation, Custom House
10. Father's Birthplace, Worcester Co. Md

Name of Medical Attendant, or other Person who makes this Return Wm. H. B. Tillman M.D.

Address, 5. E. Biddle St

Remarks,

[illegible] of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1428

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14 1889
4. Place of Birth, (Street and Number) 1639 Aisquith St.
5. Full Name of Mother, E. Murry
6. Mother's Maiden Name, E. Gordan.
7. Mother's Birthplace, Ireland
8. Full Name of Father, P. Murry
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. M. A. Britt.

Address, 1245 E. Monument St.

Remarks, All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 14283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 4 1889
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 14th 1889
4. *Place of Birth, (Street and Number)* 1434 N Broad St
5. *Full Name of Mother,* Ella A. McKuska
6. *Mother's Maiden Name,* Parker
7. *Mother's Birthplace,* Bute City
8. *Full Name of Father,* Frank E McKuska
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. EDGAR B. BRITTON, M. D.,

Address, 124 SOUTH BROADWAY, BALTIMORE, MD.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-22-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Elizabeth Haensler A. 14284

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug-14-1889
4. Place of Birth, (Street and Number) 1302 E. Balto. st
5. Full Name of Mother, Carrie Elisabeth Haensler
6. Mother's Maiden Name, " " Meuschke
7. Mother's Birthplace, City
8. Full Name of Father, Jacob Haensler
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. P. C. Dauschmid

Address, 1727 E. Balto. st

Remarks,

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14285

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 14th 1889
4. *Place of Birth, (Street and Number)* 462 E. Cross
5. *Full Name of Mother,* Mary Virginia Lewis
6. *Mother's Maiden Name,* " " Hill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Raymond Winfield Lewis
9. *Father's Occupation,* Brush Maker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N Calvert

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 1989 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / A 14286

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 14 / 89.
4. *Place of Birth, (Street and Number)* 1621 John St.
5. *Full Name of Mother,* Catie L. Van Donaker
6. *Mother's Maiden Name,* Scally
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Geo. W. Van Donaker Jr.
9. *Father's Occupation,* Conductor, C. P. R. R. Co
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 3 1889

A. 14287

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* White Male.
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* Aug. 17/89
4. *Place of Birth, (Street and Number)* 2708 Elliott st City
5. *Full Name of Mother,* Katie Lemke.
6. *Mother's Maiden Name,* " Baker.
7. *Mother's Birthplace,* Geneva Penn
8. *Full Name of Father,* Frederick Edward Lemke
9. *Father's Occupation,* Butcher 2705 Edmondson Av.
10. *Father's Birthplace,* Baltimore Maryland City.

Name of Medical Attendant, or other person who makes this Return. none required

Address, Mrs P Liersemann Her Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth child

1. *Sex, (state whether male or female)* Male **A.** 14288
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* fourteenth day of August
4. *Place of Birth, (Street and Number)* No 923 Hare street
5. *Full Name of Mother,* Minnie Werner
6. *Mother's Maiden Name,* Minnie Thele
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Georg Werner
9. *Father's Occupation,* Pickling Establishment
10. *Father's Birthplace,* Germanny.

Name of Medical Attendant, or other person who makes this Return. Mrs P. Liersemann

Address, Her Street 1235

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child 14284
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	14th of Aug 1889
4. *Place of Birth, (Street and Number)*	No. 211 Frederick ave
5. *Full Name of Mother,*	Mrs. Severn
6. *Mother's Maiden Name,*	Miss Thirby
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr Severn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 14th
4. *Place of Birth, (Street and Number)*	719 South Dallas street
5. *Full Name of Mother,*	Luise · Bernstein
6. *Mother's Maiden Name,*	Luise Hamel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Soloman · Bernstein
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Marie Brell
Address,	1627 Thames street Baltimore Md
Remarks,	

A. 14290

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14791

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* august 14 1889
4. *Place of Birth, (Street and Number)* West St
5. *Full Name of Mother,* Mariah Polley
6. *Mother's Maiden Name,* mariah Jones
7. *Mother's Birthplace,* Sommer Set County Md
8. *Full Name of Father,* James Polley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Sommer Set Count Md

Name of Medical Attendant, or other Person who makes this Return. Mariah Potter

Address, 125 W. West St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14292

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 15 1889
4. *Place of Birth, (Street and Number)* Castle 124
5. *Full Name of Mother,* Frances Vastak
6. *Mother's Maiden Name,* Skrivin
7. *Mother's Birthplace,* Bohiemas
8. *Full Name of Father,* Anton Skrivirn
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohieman

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address,

Remarks, Washington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14293

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* Mail
2. *Race or color, (if not of the white race)* Colard
3. *Date of Birth,* 14 of Augst 1889
4. *Place of Birth, (Street and Number)* 818 Stockholm St
5. *Full Name of Mother,* Lottie Brown
6. *Mother's Maiden Name,* Lottie Simons
7. *Mother's Birthplace,* Anelralon Co.
8. *Full Name of Father,* Peter Brown
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Charles Co. Md

Name of Medical Attendant, or other person who makes this Return Gracie Harris

Address, 818 Stockholm St

Remarks, 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14294

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 15. 1889.
4. Place of Birth, (Street and Number) 10 3/4 Lombard st
5. Full Name of Mother, Mollie Kaplan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Kaplan
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Miss Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 14295

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 15th -89
4. Place of Birth, (Street and Number) 1026 Park ave
5. Full Name of Mother, Clara Campbell
6. Mother's Maiden Name, Clara Cummings
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Thomas Campbell
9. Father's Occupation, Laborer
10. Father's Birthplace, Hagerstown Md.

Name of Medical Attendant, or other person who makes this Return. W B Perry M.D.

Address, Chase St & Greenmount Ave

Remarks,

SEP 17 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner [illegible] the birth of any child shall occur without the attendance of a physician or practitioner [illegible] other person be in attendance upon the mother, immediately thereafter it shall [illegible] parents of such child to report its birth to the Commissioner of Health, in the [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A.** 14296

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 15th 1889
4. Place of Birth, (Street and Number) 829 Bond st
5. Full Name of Mother, Mary Williams
6. Mother's Maiden Name, " " Brookseak
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Williams
9. Father's Occupation, Salem
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 [illegible]

Remarks,

HEALTH DEPARTMENT SEP 2 1889 BALTIMORE MD

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14297

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Aug 15th
4. *Place of Birth, (Street and Number)* 161 E Madison Ave
5. *Full Name of Mother,* Rebecca Frank
6. *Mother's Maiden Name,* Rebecca Mandelbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Frank
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. F. Jenkins

Address, 400 Cathedral St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A** 14298

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 15 1889
4. *Place of Birth, (Street and Number)* Holland st 1231
5. *Full Name of Mother,* Rosa Iris
6. *Mother's Maiden Name,* Schuncke
7. *Mother's Birthplace,* Boheimein
8. *Full Name of Father,* John Schuncke
9. *Father's Occupation,* Falor
10. *Father's Birthplace,* Eiremen

Name of Medical Attendant, or other person who makes this Return. Mary Adoptis

Address,

Remarks, Washington 205

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. **A.** 14299

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August. 15 — 89
4. *Place of Birth, (Street and Number)* 1074 Granby St.
5. *Full Name of Mother,* Minnie Schuman
6. *Mother's Maiden Name,* " White.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Schuman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Frank G. Mayer M.D.

Address, 4 So Eutaw

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A 14300

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 15th
4. *Place of Birth, (Street and Number)* Baltimore william st 15th
5. *Full Name of Mother,* Carrie sagsmen
6. *Mother's Maiden Name,* raman
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* gorge sagsmen
9. *Father's Occupation,* labourer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn

Address, 1514 light st

Remarks,

CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14301

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug 15 — 1899
4. *Place of Birth, (Street and Number)* [redacted] Cross & Wilkins
5. *Full Name of Mother,* Margaret Mason
6. *Mother's Maiden Name,* Talson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Mason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs L A Lewis

Address, 602 Hanover St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14302

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	August the 15 Th
4. *Place of Birth, (Street and Number)*	Baltimore Charles St 1620
5. *Full Name of Mother,*	isadore roberts
6. *Mother's Maiden Name,*	Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	peter roberts
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Statham
Address,	1514 light St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14303

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August
4. Place of Birth, (Street and Number) 1718 E. Balto. st.
5. Full Name of Mother, Salome Bowen
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bowen
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14304

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 15 cto 1889
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Elizabeth Earles
6. *Mother's Maiden Name,* " Walter
7. *Mother's Birthplace,* John H. Baltimore Med
8. *Full Name of Father,* John H. S. Earles
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Med

Name of Medical Attendant, or other Person who makes this Return James E. Whiteford Med

Address, 819 Airquinto Street

Remarks, Child very weak when Born died from convulsions Aug 19 cto 1889

[illegible] of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 114306

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 15th 1889
4. *Place of Birth, (Street and Number)* 1228 N. Stricker St.
5. *Full Name of Mother* Jennie Rahn
6. *Mother's Maiden Name* Jennie Yingling.
7. *Mother's Birthplace* Carrol Co.
8. *Full Name of Father* Henry A. Rahn
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margaret Bacon M. D.

Address 1100 Lafayette Ave.

Remarks

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 1-9-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Augusta von Dreele

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* August 15th, 1889.
4. *Place of Birth, (Street and Number)* 316 Union Ave.
5. *Full Name of Mother,* ~~Katrina~~ Katharina Voudreele.
6. *Mother's Maiden Name,* ~~Katrina~~ Lehr, Katharina
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John H. Voudreele.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave. city.

Remarks,

A. 14306

SEP 5 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14307

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 15, 1889
4. *Place of Birth, (Street and Number)* 721 Central ave
5. *Full Name of Mother,* E Thomas
6. *Mother's Maiden Name,* E Conlis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* W. Thomas
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. S. Butt

Address, 1245 E. Monument St.

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-9-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Thomas Foreman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

A. 14308

HEALTH DEPARTMENT SEP 5 1839 BALTIMORE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 15 - 89
4. Place of Birth, (Street and Number) 417 S. Ann St.
5. Full Name of Mother, Mary Foreman
6. Mother's Maiden Name, " Bien
7. Mother's Birthplace, City
8. Full Name of Father, John H. Fore
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Frank C Bressler

Address, 1713 Bank St.

Remarks,

[illegible] a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Adele Stansbury Greene

A 14309

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 15th 1889.
4. *Place of Birth, (Street and Number)* 106 N. Greene.
5. *Full Name of Mother,* Mary Ann Greene.
6. *Mother's Maiden Name,* Stansbury.
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Clarence Edgar Greene.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address, 414 N. Greene St.

Remarks, GIVEN NAME ADDED 4/30/54 [illegible]

JOHN B. PIET, PRINTER & STATIONER, BALT.

...ss at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 A. 14310
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 15th 1889
4. *Place of Birth, (Street and Number)*	No. 49 Wilkens Str
5. *Full Name of Mother,*	Mrs Mo. Reichenbecker
6. *Mother's Maiden Name,*	Miss Mo. Rodermic
7. *Mother's Birthplace,*	Bayer Germany
8. *Full Name of Father,*	Mr W. Reichenbecker
9. *Father's Occupation,*	engineer
10. *Father's Birthplace,*	Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 14311

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 15th 1889
4. *Place of Birth (Street and Number),* 110 E. Mulberry St
5. *Full Name of Mother,* Annie P. Larkin
6. *Mother's Maiden Name,* Annie P. Gilchrist
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John J. Larkin
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible] of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth. A 11431
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	15 Aug. 1889
4. *Place of Birth, (Street and Number)*	829 Patterson st
5. *Full Name of Mother,*	Elizabeth Cutler
6. *Mother's Maiden Name,*	" Taylor
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Cutler
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Portner.
Address,	241 S. Chester st,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh. A. 14313
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	15 Aug. 1889
4. *Place of Birth, (Street and Number)*	Bradfoot Al. near Fayette st
5. *Full Name of Mother,*	Augusta Business.
6. *Mother's Maiden Name,*	" Charlotte
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adolph Business
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary A. Petersen.
Address,	241 S. Chester,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A. 14314

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 15th 1889
4. *Place of Birth, (Street and Number)* N. Washington St No 522
5. *Full Name of Mother,* Mary H Gollery
6. *Mother's Maiden Name,* Mary H. Lindsay
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John W. Gollery
9. *Father's Occupation,* Compounder of Liquor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 714

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

[redacted] 8-15-55

To the Office of Registrar of Vital [redacted] of Health, Baltimore City.

Name: James Elmer Condon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th A. 14315

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 15th 1889
4. Place of Birth, (Street and Number) No 209 Hamburg st
5. Full Name of Mother, Mamie Condon
6. Mother's Maiden Name, Mamie Wooller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Condon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Hornung

Address, No 1517 Byrd st

Remarks.

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14316

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th August 1889
4. *Place of Birth, (Street and Number)* 702 Fort Ave
5. *Full Name of Mother,* Winifred Goice
6. *Mother's Maiden Name,* Kelley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Goice
9. *Father's Occupation,* Ireland
10. *Father's Birthplace,* Coaltrimer

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 14317

1. *Sex (state whether male or female),* M
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* Aug 15 1889
4. *Place of Birth (Street and Number),* 2231 Druid Hill Av
5. *Full Name of Mother,* Lizzie Godwin
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Geo P. Godwin
9. *Father's Occupation,* ~~Mrs~~ Car Driver
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr R. Winslow

Address, 1 Mt Royal Terrace

Remarks, William Y. Godwin

name of child added by mother Mrs Geo P. Godwin

L. E. Welm 9/18/25.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 14318

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 16th 1889
4. Place of Birth, (Street and Number) 503 President st
5. Full Name of Mother, Mary Basegalope
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Angelo Basegalope
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A.** 14319

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 16 1888
4. *Place of Birth, (Street and Number)* Brashare Alley 623
5. *Full Name of Mother,* Mary Tichaer
6. *Mother's Maiden Name,* Erhart
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Jacob Erhart
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary [illegible]

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A 14320.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth; August 16 1889
4. Place of Birth, (Street and Number) Mayers nr 2103
5. Full Name of Mother, Lena Linkeihler
6. Mother's Maiden Name, Seamen
7. Mother's Birthplace,
8. Full Name of Father, Albert Linkeihler
9. Father's Occupation, Shoe make
10. Father's Birthplace, Germeny

Name of Medical Attendant, or other person who makes this Return, Mary Griffiths

Address,

Remarks, Washington 206

Blanks. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosina Christiana Schleng A. 14371

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1889 - 16 of August
4. *Place of Birth, (Street and Number)*	16 Browns Lane
5. *Full Name of Mother,*	Paulina Schlenz
6. *Mother's Maiden Name,*	Paulina Zingler
7. *Mother's Birthplace,*	Württemberg
8. *Full Name of Father,*	John Schlenz
9. *Father's Occupation,*	Kürschner
10. *Father's Birthplace,*	Bayern
Name of Medical Attendant, or other person who makes this Return.	Friederike Wenker Midwife
Address,	216 West Pratt
Remarks,	GIVEN NAME ADDED 2-19-54 H.M.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Oliver R. Lutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14327

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16th 1889
4. Place of Birth, (Street and Number) 701 ~~N~~ Cumberland
5. Full Name of Mother, Martha Lutz
6. Mother's Maiden Name, Roe
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Elisha Lutz
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler M D

Address, 2100 Druid Hill Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 14323

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 16th
4. *Place of Birth, (Street and Number)* 1815 E Chase st
5. *Full Name of Mother,* Philopena Starr
6. *Mother's Maiden Name,* " Hamann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Starr
9. *Father's Occupation,* Grainer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groony

Address, 940 N. Gay st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 14324

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 16th
4. *Place of Birth (Street and Number),* 1306 Aisquith
5. *Full Name of Mother,* Mary E Cunning
6. *Mother's Maiden Name,* Deaver
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James C Cunning
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. C B Billingslea

Address, 1206 E. Preston

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14325

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th augst
4. *Place of Birth, (Street and Number)*	122 Camden st
5. *Full Name of Mother,*	Hester Blum
6. *Mother's Maiden Name,*	Hester Rah
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Blum
9. *Father's Occupation,*	Household furnisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	D H W Webster
Address,	403 Hanover st
Remarks,	

SEP 89

BALTIMORE

birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14326

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Light Brown.
3. *Date of Birth* Aug 16th 1889.
4. *Place of Birth, (Street and Number)* 17 Church St Balto.
5. *Full Name of Mother,* Annie Skinner.
6. *Mother's Maiden Name,* Annie Skinner.
7. *Mother's Birthplace,* Fredrick Co.
8. *Full Name of Father,* Charles Wright.
9. *Father's Occupation,* Brick yard.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Jasper St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. A. 14327

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, August 16th 1859
4. Place of Birth, (Street and Number) 25 N. Eden St.
5. Full Name of Mother, Emma Pasina Bloch
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Bloch
9. Father's Occupation, Manager for Insurance Company
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Howard C. Silver

Address, 1427 E. Fayette St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14328

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	16 Aug 1889
4. *Place of Birth, (Street and Number)*	Bradfoot Alley Fayette
5. *Full Name of Mother,*	Maggie Bushard
6. *Mother's Maiden Name,*	" Gollentz.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Andy Bushard
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	241 S. Chester st
Remarks,	

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-16-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Christine Lortz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child A. 14379
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 16 — 1889.
4. Place of Birth, (Street and Number)	12 Charles & Cross st
5. Full Name of Mother,	Helene Lortz.
6. Mother's Maiden Name,	Mueller.
7. Mother's Birthplace,	America
8. Full Name of Father,	John Lortz.
9. Father's Occupation,	Store-keeper.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lahwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14330

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, August 16th 89
4. Place of Birth (Street and Number), 1407 Hubbard St
5. Full Name of Mother, Mary A. Hilderbrand
6. Mother's Maiden Name, Mary A Fitzsimons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hilderbrand
9. Father's Occupation, Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ellis Downward

Address, 1509 Clement St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child A. 14331

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16th 1889
4. *Place of Birth, (Street and Number)* N. Castle St 619
5. *Full Name of Mother,* Mathilda H. öhn
6. *Mother's Maiden Name,* Mathilda Staug
7. *Mother's Birthplace,* Judenbach, Sachsen, Germany
8. *Full Name of Father* Friederich H öhn
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Judenbach Sachsen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Mueller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. **A.** 14332

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White race.
3. *Date of Birth,* August 16/84
4. *Place of Birth, (Street and Number)* No. 1508 Clarkson St.
5. *Full Name of Mother,* Theresia Earnest.
6. *Mother's Maiden Name,* " Seman.
7. *Mother's Birthplace,* Prusia.
8. *Full Name of Father,* Seman Earnest.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Prusia.

Name of Medical Attendant, or other person who makes this Return. Annie Jeems.

Address, No 1714 Light St.

Remarks, Yours. Respectfully.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 of August 1889
4. *Place of Birth, (Street and Number)* 876 Linden Avenue
5. *Full Name of Mother,* Maggie S Blake
6. *Mother's Maiden Name,* Forrester
7. *Mother's Birthplace,* Anarundel County
8. *Full Name of Father,* Harry M Blake
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Anarundel County

Name of Medical Attendant, or other person who makes this Return. Hester C Hance

Address, 509 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. A. 14334

HEALTH DEPARTMENT SEP 5 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	August 16th
4. *Place of Birth, (Street and Number)*	Baltimore Dallas st 428
5. *Full Name of Mother*	Sophia Stansbury
6. *Mother's Maiden Name*	Sophia Perry
7. *Mother's Birthplace*	Cambridge
8. *Full Name of Father*	William Stansbury
9. *Father's Occupation*	Coal cart Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Harriett Britton
Address	430 North Dallas st.
Remarks	

[illegible], stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14335

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 17th August 1889.
4. *Place of Birth, (Street and Number)* Cacotle Str: 22.
5. *Full Name of Mother,* Anie Lahner
6. *Mother's Maiden Name,* " Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bauer
9. *Father's Occupation,* Stevendore
10. *Father's Birthplace,* Wensdorf (Bayern)

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler
Midwife

[illegible] shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th A. 14336

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug the 17.th 1889
4. *Place of Birth, (Street and Number)* Stafford St No 12
5. *Full Name of Mother,* Mrs Amelia Sullivan
6. *Mother's Maiden Name,* Amelia Warns
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Michal C Sullivan
9. *Father's Occupation,* B & O Railroad
10. *Father's Birthplace,* county Kerry Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll C.O. Baltimore

Remarks, Their is two Stafford Sts the one aluded to runs East and West the ther North and South. they caus a confusion

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 14337

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* 8.17.89.
4. *Place of Birth, (Street and Number)* 1432 Hollins St
5. *Full Name of Mother,* Laura D. Heckman.
6. *Mother's Maiden Name,* Raiber.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Chas. F. Heckman,
9. *Father's Occupation,* Travelling Salesman
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. H. M. Eastman

Address, 772 W. Lexington

Remarks, Natural.

The Registrar of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third A. 14338

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 17th 11 —
4. Place of Birth, (Street and Number) 1308 Stockton st —
5. Full Name of Mother, Mary - Vohden
6. Mother's Maiden Name, Mary - Beckman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Vohden Jr
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Donley

Address, 1635 Little Walsh street

Remarks, None

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14339

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'
3. *Date of Birth,* Aug 17, 1889
4. *Place of Birth, (Street and Number)* 222 Parish Al
5. *Full Name of Mother,* Elizabeth Johnson
6. *Mother's Maiden Name,* Elizabeth Smith
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Henry Johnson
9. *Father's Occupation,* Lab'
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14340

A.

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 17th 1889
4. *Place of Birth, (Street and Number)* 820 Stockton Ave
5. *Full Name of Mother,* Jennie ~~Booze~~ Smith
6. *Mother's Maiden Name,* Jennie Booze
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam ~~Booze~~ Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann Cornish

Address, 871 Boyd St

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

[illegible] shall hereafter take place, shall keep a true and correct [illegible] birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child. 14341

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17th 1899
4. Place of Birth, (Street and Number) E. Fayette St No 1319
5. Full Name of Mother, Maria Mc Gee
6. Mother's Maiden Name, Maria Korn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, ~~Laborer~~ John Mc Gee
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child **A.** 14342

1. *Sex, (state whether male or female)* a Boy
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* August the 17.
4. *Place of Birth, (Street and Number)* Baltimore, Bark, Ave. No 117.
5. *Full Name of Mother,* Mrs Willioms
6. *Mother's Maiden Name,* Miss Louisa Otilda Frett
7. *Mother's Birthplace,* St Paul Minn: Soda.
8. *Full Name of Father,* Mr Tomas Willioms.
9. *Father's Occupation,* Bare Tender.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Celeasta Cook.

Address, 108 Sheals Allie.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 4-1-35

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~3 Charles~~ A. 14343
1. Sex, (state whether male or female)	3 Child.
2. Race or Color, (if not of the white race)	Male
3. Date of Birth,	Aug 17 — 1889.
4. Place of Birth, (Street and Number)	110 Ostend st.
5. Full Name of Mother,	Helene Alfeld.
6. Mother's Maiden Name,	Berigtfold.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Fred Alfeld.
9. Father's Occupation,	Tinner.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1062 Hanover st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14344

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Carbard
3. *Date of Birth,* August 17th 1889
4. *Place of Birth, (Street and Number)* No 153 East st
5. *Full Name of Mother,* Annie E Benson
6. *Mother's Maiden Name,* Annie E Smathers
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* James H Benson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Carline Jarden

Address, 153 East st M D

Remarks, doing Very Well as Can Be Expected

JOHN B. PIET, PRINTER & STATIONER, BALT.

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. A. 14345

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 17.
4. Place of Birth, (Street and Number) 1014 Kier st.
5. Full Name of Mother, Emma Heath.
6. Mother's Maiden Name, Emma Turner
7. Mother's Birthplace, Essex Va.
8. Full Name of Father, Wm Heath.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address, 511 Carlton st.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14346

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Boyite

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17th 1889
4. Place of Birth, (Street and Number) N. Front st # 802
5. Full Name of Mother, Annie Dinovitzer
6. Mother's Maiden Name, ——— Kilomnick
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Dinovitzer
9. Father's Occupation, Button hol maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A.** 14347

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Augst 17/89
4. *Place of Birth, (Street and Number)* 1107 Cs Burgmaly Ally
5. *Full Name of Mother,* Elise Miller C.
6. *Mother's Maiden Name,* Elise Walter
7. *Mother's Birthplace,* E Hessen Germany
8. *Full Name of Father,* Japan Miller
9. *Father's Occupation,* Preuber
10. *Father's Birthplace,* Hessen Germany

Name of Medical Attendant, or other person who makes this Return. ~~Parry or~~ Mrs Bunge

Address, 7 Cross St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-9-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar Raymond Boehm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 14348

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 17 — 1889
4. Place of Birth, (Street and Number) 834 George St.
5. Full Name of Mother, Zillah A. Emma Boehm
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry E Boehm
9. Father's Occupation, Gas-Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] shall hereafter take place, shall keep a true and correct [illegible] birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED

RETURN OF ~~A BIRTH~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth **A.** 14349

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 17-89
4. *Place of Birth, (Street and Number)* 1114 N. Gay
5. *Full Name of Mother,* Pracilla Neumyer
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frederick Wm Neumyer
9. *Father's Occupation,* Silver Chaser
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14350

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17 Aug
4. *Place of Birth, (Street and Number)*	1729 Point Lane
5. *Full Name of Mother,*	Christena Heinz
6. *Mother's Maiden Name,*	" Hermann
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Philip Heinz
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

HEALTH DEPARTMENT, SEP 8 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th — 14351

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Aug. 17th 1889

4. Place of Birth, (Street and Number) # 126 W. Lee St.

5. Full Name of Mother, Emma P. Dean

6. Mother's Maiden Name, Fooks

7. Mother's Birthplace, Dorchester Co Md.

8. Full Name of Father, Francis H. Dean

9. Father's Occupation, Corn Merchant

10. Father's Birthplace, Dorchester Co Md.

Name of Medical Attendant, or other person who makes this Return. R. C. Lee

Address, Hanover St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 14352

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) the White
3. Date of Birth, 17. August 1889
4. Place of Birth, (Street and Number) 23. E. Randall St
5. Full Name of Mother, Laura A. E. Hardesty
6. Mother's Maiden Name, Laura A. E. Harwood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James A. Hardesty
9. Father's Occupation, Police Officer
10. Father's Birthplace, Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. JULIANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14353

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Aug 17
4. *Place of Birth, (Street and Number)* 4539 N. Hoffman St
5. *Full Name of Mother,* Martha Winston
6. *Mother's Maiden Name,* " Diffe
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wyatt S. Winston
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Fluvanna Co Va

Name of Medical Attendant, or other person who makes this Return. John S. Huck

Address, #649 N. Townsend St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A 14354
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 18th 1889
4. *Place of Birth, (Street and Number)*	133 E Aisquith St.
5. *Full Name of Mother,*	Annie M. S. Bartlett
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Oscar A Bartlett
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S. E. Cor. Caroline & Eager Sts
Remarks,	

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child **A.** 14355

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* August 18. 1889.
4. *Place of Birth (Street and Number)* No 801 Madison Ave.
5. *Full Name of Mother* Maggie ~~Hawkes~~ Sluges
6. *Mother's Maiden Name* Maggie Hawkes
7. *Mother's Birthplace* in Ireland.
8. *Full Name of Father* Leanyd Sluges
9. *Father's Occupation* Laborer
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 538 Beddel Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14306

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 of August
4. *Place of Birth, (Street and Number)*	323 Bentalou
5. *Full Name of Mother,*	Louise Müller
6. *Mother's Maiden Name,*	Louise Kramer
7. *Mother's Birthplace,*	Hessen
8. *Full Name of Father,*	Charles Müller
9. *Father's Occupation,*	Brauer
10. *Father's Birthplace,*	Hessen
Name of Medical Attendant, or other person who makes this Return.	Friederike Dauler Midwife
Address,	2116 West Pratt
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14357

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 18th
4. *Place of Birth, (Street and Number)* 305 N Arlington Ave
5. *Full Name of Mother,* Mrs. Geo H. Broseker
6. *Mother's Maiden Name,* Maggie A Craig
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Geo H Broseker
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H F Hill Md.

Address, 1001 Edmondson Ave

Remarks,

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Jenette Angle

A. 14258

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 18th 1889
4. *Place of Birth, (Street and Number)* 2025 Jefferson st.
5. *Full Name of Mother,* Mary ~~Eugene~~ Angle
6. *Mother's Maiden Name,* Mary ~~Hucker~~ Hocker
7. *Mother's Birthplace,* City
8. *Full Name of Father,* ~~Louise Engle~~ Louis Angle
9. *Father's Occupation,* Confectionary
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return Mrs Eliza Betz

Address, 1744 Bank st.

Remarks, CERTIFICATE CORRECTED 10-20-52

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) A 14359

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Col d
3. *Date of Birth,* August 18th 1889
4. *Place of Birth, (Street and Number)* 426½ N. Dallas st -
5. *Full Name of Mother,* Josephine Holland
6. *Mother's Maiden Name,* " Scott
7. *Mother's Birthplace,* Baltimore City -
8. *Full Name of Father,* Wm H Holland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anne Arundel county - Md

Name of Medical Attendant, or other person who makes this Return. Wm. L. Russell M.D

Address, 202 N Broadway -

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A. 14360
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 18th
4. *Place of Birth, (Street and Number)*	923 Wallins St
5. *Full Name of Mother,*	Agnes Morris
6. *Mother's Maiden Name,*	" Morriarty
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Morris
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Mary Mangan
Address,	412 Scott St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

J. C. BULAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14361

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 18 1889

4. Place of Birth, (Street and Number) 826 Naughtown st

5. Full Name of Mother, Ann Conrey

6. Mother's Maiden Name, Ann Carty

7. Mother's Birthplace, Cork Ireland

8. Full Name of Father, James Conrey

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs E A White

Address, 942 Harford Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1889
BALTIMORE

14367

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 18/89
4. Place of Birth, (Street and Number) No 323 S. Wolff St.
5. Full Name of Mother, Caroline Saeger
6. Mother's Maiden Name, Fluk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Saeger
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14363

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August, 18th 1889.
4. *Place of Birth, (Street and Number)* 515 Fallon Road
5. *Full Name of Mother,* Leary Porter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto, Co.
8. *Full Name of Father,* John T Porter
9. *Father's Occupation,* Tobacco
10. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other person who makes this Return. Josiah S. Bowen

Address, Det Washington

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14364

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Color
3. Date of Birth, August 18 1899
4. Place of Birth, (Street and Number) Baltimore City. 519 Hoffman
5. Full Name of Mother, Hannie Monroe
6. Mother's Maiden Name, Hannie Wright
7. Mother's Birthplace, Va
8. Full Name of Father, Patrick Monroe
9. Father's Occupation, Coachman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Castor

Address, 10 Hamilton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Marcus

1. Sex, (state whether male or female) Male A 14365
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 1889
4. Place of Birth, (Street and Number) * Albemarle st #103
5. Full Name of Mother, Ficilia Wainshenker
6. Mother's Maiden Name, — Sherman
7. Mother's Birthplace, Russia
8. Full Name of Father, Boris Wainshenker
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schesman

Address, Albemarle st N 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A** 14366

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 18th 1887
4. Place of Birth, (Street and Number) Baltimore City 1133 Nicomis
5. Full Name of Mother, Josephine Lischmann
6. Mother's Maiden Name, Josephine Black
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James A Lischmann
9. Father's Occupation, Labore
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M Shaffer

Address, 716 West St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child A. 14367
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 18 1889.
4. *Place of Birth, (Street and Number)*	630 Hamburg st.
5. *Full Name of Mother,*	Bertha Herth
6. *Mother's Maiden Name,*	Kirchner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	George Herth.
9. *Father's Occupation,*	Cabnet-maker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwabser. Midwife.
Address,	1032 Hanover st.
Remarks,	

...of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 14368

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 18th 1889
4. *Place of Birth, (Street and Number)* No: 552 Fredrick ave
5. *Full Name of Mother,* Lavinia Stincheomb
6. *Mother's Maiden Name,* Lavinia Scott
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Byson Stincheomb
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollers for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14369

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18" 1889
4. Place of Birth, (Street and Number) 115 South Poppleton
5. Full Name of Mother, Ida P. Englebrecht
6. Mother's Maiden Name, Ida G. Debring
7. Mother's Birthplace, Frederick Maryland
8. Full Name of Father, John D. Englebrecht
9. Father's Occupation, Can Maker
10. Father's Birthplace, Frederick Maryland

Name of Medical Attendant, or other person who makes this Return. M. F. Proudfoot

Address, 535 W. Barre Street

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James Alexander Clark

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14370

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 18 - 1889
4. Place of Birth, (Street and Number) 1735 E. Lombard St.
5. Full Name of Mother, Kate (~~Clarke~~) Clark
6. Mother's Maiden Name, Kate (~~Frischmann~~) Frischman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph (~~Clarke~~) Clark
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. P. G. Dauschman

Address, 1727 E. Balto. St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 14371

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August
4. *Place of Birth, (Street and Number)* 112 Warner
5. *Full Name of Mother,* Harriett Truxon
6. *Mother's Maiden Name,* Harriett Coalman
7. *Mother's Birthplace,* Havre de grace
8. *Full Name of Father,* John H. Truxon
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Hunton Carolina co. md.

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 607 S. Howard st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14372

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 18th August
4. Place of Birth, (Street and Number) 412 W. Lombard Str.
5. Full Name of Mother, Henriette Hernich
6. Mother's Maiden Name, Henriette Gannon
7. Mother's Birthplace, Liverpool (England)
8. Full Name of Father, Joseph Hernich
9. Father's Occupation, Manager (Restaurant)
10. Father's Birthplace, Wolbine (Austria)

Name of Medical Attendant, or other person who makes this Return. Robert Hoffman M. D.

Address, 613 Park Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 — A. 14373

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18 August 1889
4. Place of Birth, (Street and Number) 829 Chestnut Ally
5. Full Name of Mother, Maggie Bredden
6. Mother's Maiden Name, Maggie Young
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Charles Bredden
9. Father's Occupation, Baltimore
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other Person who makes this Return, Mary J. Richardson

Address, 315 King Street

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A.** 14374

1. Sex, (state whether male or femule) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 19th 1889
4. Place of Birth, (Street and Number) 121 Stiles st.
5. Full Name of Mother, Maggie Gorrell
6. Mother's Maiden Name, Monahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur Gorrell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th A. 14375
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	august 19th 1889
4. *Place of Birth, (Street and Number)*	1444 Patapsco Street
5. *Full Name of Mother,*	Mary Butty
6. *Mother's Maiden Name,*	Mary Elliott
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Theodore Butty
9. *Father's Occupation,*	Brick maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ellen. a. anderson
Address,	1434 Patapsco Street
Remarks,	Child healthy

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14316

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Births 11 Children
1. *Sex, (~~state whether male or~~ female)*	
2. *Race or color, (~~if not of the~~ white race)*	
3. *Date of Birth,*	August 19th 1889.
4. *Place of Birth, (Street and Number)*	1309 E. Pratt st
5. *Full Name of Mother,*	Laura L Davis
6. *Mother's Maiden Name,*	" " Abernethy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	David O Davis M. D.
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Wales England
Name of Medical Attendant, or other person who makes this Return.	W. Ridgeway Andre M. D.
Address,	1123 E Balto. st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th **A** 14377

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 1522 Battery ave.
4. *Place of Birth, (Street and Number)* Aug 19th
5. *Full Name of Mother,* Louisa Jungfer
6. *Mother's Maiden Name,* " Yämmerich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Jungfer
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohm

Address, 418 S. Paca St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14378

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 1889
4. *Place of Birth, (Street and Number)* 1235 N. Eay St. Balto. Md.
5. *Full Name of Mother,* Carrie Kent
6. *Mother's Maiden Name,* Busch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George M. Kent
9. *Father's Occupation,* Transfer Driver Wagon
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto Md

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd A. 14379
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	19th day of August 1884
4. *Place of Birth (Street and Number)*	No 1335 W. Pratt St
5. *Full Name of Mother*	Julia Mc Cubl
6. *Mother's Maiden Name*	Julia Healy
7. *Mother's Birthplace*	Irland
8. *Full Name of Father*	Dennis Mc. Cubl
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Massachusets
Name of Medical Attendant, or other Person who makes this Return.	Ruth A. Cokbourn
Address	No 1206 W. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 14380

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* aug 19 ~~th~~

4. *Place of Birth (Street and Number)* Mary Magdal

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace* B City

8. *Full Name of Father* Jacob Magdal

9. *Father's Occupation* Baker

10. *Father's Birthplace* B City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 71 S Light

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 14381

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 19, 1869
4. *Place of Birth, (Street and Number)*	801 Grover St.
5. *Full Name of Mother,*	Eva Horst
6. *Mother's Maiden Name,*	Eva Brehm
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Caspar Horst
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Luzerne St
Remarks,	

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14387

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of August
4. *Place of Birth, (Street and Number)* 59 Brams Lane
5. *Full Name of Mother,* Kunigunde Eberlein
6. *Mother's Maiden Name,* Kunigunde Will
7. *Mother's Birthplace,* Baaden
8. *Full Name of Father,* Paul Eberlein
9. *Father's Occupation,* Kutscher
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child A 11383

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 19. 1889.
4. Place of Birth, (Street and Number) Baltimore 209 Parkin St
5. Full Name of Mother, Stanislaus Potoski
6. Mother's Maiden Name, Stanislaus Detroski
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Potoski
9. Father's Occupation, Labor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, No 114 S Stricker St Baltimore Md.

Remarks, Mother and child are doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth A. 1438
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 19 — 89
4. *Place of Birth, (Street and Number)*	923 Jefferson St
5. *Full Name of Mother,*	Ida J Jefferson
6. *Mother's Maiden Name,*	" Burkert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Alonza - Jefferson
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Adwell
Address,	912 N. Monroe St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14385

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 19th 1889
4. Place of Birth, (Street and Number) Maternité
5. Full Name of Mother, Nettie Smith
6. Mother's Maiden Name, Nettie Robinson
7. Mother's Birthplace, New York City
8. Full Name of Father, Walter Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, N C

Name of Medical Attendant, or other person who makes this Return. William J Foss M.D

Address, Res Phy Maternité

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d " A. 14386
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	August, 19 " 189 "
4. *Place of Birth, (Street and Number)*	510 Sharp St,
5. *Full Name of Mother,*	Ida Bell White,
6. *Mother's Maiden Name,*	" " Blackiston,
7. *Mother's Birthplace,*	Balto City,
8. *Full Name of Father,*	Milton White,
9. *Father's Occupation,*	Salesman -
10. *Father's Birthplace,*	Montgomery Co. Md "
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Talbert M.D.,
Address,	524 Sharp St,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First - A. 14387

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 19th
4. *Place of Birth (Street and Number),* 223 Commerce St
5. *Full Name of Mother,* Ellen Wallick
6. *Mother's Maiden Name,* " Kenney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Wallick
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Mrs Thornton

Address, Haubert St "Locust Pt

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14388

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 19 August 1889
4. *Place of Birth, (Street and Number)* 520 Morris Alley
5. *Full Name of Mother,* Lizzie Woody
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Sandy Springs
8. *Full Name of Father,* James Woody
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Estes Eutance

Address, 509 West Preston Street

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Mother of 8 head

1. Sex, (state whether male or female) Male

A 14389

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1/2 half past eleven o'clock August 19-1899

4. Place of Birth, (Street and Number) 1120 Stile St Baltimore AD

5. Full Name of Mother, Isabela Flemming

6. Mother's Maiden Name, Isabila Dickson

7. Mother's Birthplace, Born in Snow Hill Eastern Shore Maryland

8. Full Name of Father, Joseph Flemming

9. Father's Occupation, high labor Stone Cutter

10. Father's Birthplace, Born in Roanoke City Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie M Davis

Address, 1021 Peach alay bet Hamburg an crost st

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 14390

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 19th
4. *Place of Birth, (Street and Number)*	14 B Johnson st
5. *Full Name of Mother,*	Theresa Schmuck
6. *Mother's Maiden Name,*	Fineman
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm Schmuck
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch M.D.
Address,	511 Hanover st
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19 1889
4. Place of Birth, (Street and Number) 843 McKimm St.
5. Full Name of Mother, M. Miller
6. Mother's Maiden Name, M. Silberzann
7. Mother's Birthplace, Balto
8. Full Name of Father, M. Miller
9. Father's Occupation, Iron Molder
10. Father's Birthplace, M. S. ~~Butt~~

Name of Medical Attendant, or other person who makes this Return. M. S. Butt

Address, 1245 S Monument St.

Remarks, All Well

REGISTRAR DEPARTMENT SEP 6 1889 BALTIMORE

...registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, August 19, 1889.
4. Place of Birth, (Street and Number) 417 Fifth St.
5. Full Name of Mother, Mary E. McCauley.
6. Mother's Maiden Name, Mary E. Hinkel
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Levi Walter McCauley.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut Ave.

Remarks,

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 1439

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 18th. '89
4. Place of Birth (Street and Number), Hospital Good Samaritan
5. Full Name of Mother, Nora Veasey,
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Frederick County Md.
8. Full Name of Father, (Declined to answer)
9. Father's Occupation, " " "
10. Father's Birthplace, " " "

Name of Medical Attendant, or other person who makes this Return. A.R. Winchester M.D.

Address, Hospital Good Samaritan,

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child A. 14394

1. Sex, (State whether male or female) It is a female child.
2. Race or color, (if not of the white race) White child.
3. Date of Birth, nineteenth of August, 1889.
4. Place of Birth, (Street and Number) # 1111 Valley Ave., Balto., Md.
5. Full Name of Mother, Annie Largin Haddaway.
6. Mother's Maiden Name, Annie Largin White.
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, James Edward Haddaway.
9. Father's Occupation, Milling.
10. Father's Birthplace, Oxford, Talbot Co., Md.

Name of Medical Attendant, or other person who makes this Return. Dr. Conway

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14395

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. *Sex, (State whether male or female)*	Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 7th 19
4. *Place of Birth, (Street and Number)*	22 Saint Ann's Ave
5. *Full Name of Mother,*	Ida Hoffmann
6. *Mother's Maiden Name,*	Ida Fredrick
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	H. C. Fredrick
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Mary Haller
Address,	563 N. Caroline St
Remarks,	Balto

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14396

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 20th 1889
4. *Place of Birth, (Street and Number)* #12 [illegible] St.
5. *Full Name of Mother,* Fannie Wilhelm
6. *Mother's Maiden Name,* Carmine
7. *Mother's Birthplace,* Dorchester Co. Md.
8. *Full Name of Father,* Wm H. Wilhelm
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Willegeist

Address, #1380 Monument St.

Remarks,

[illegible] registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 14397

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 20th 1889
4. *Place of Birth, (Street and Number)* 302 High st.
5. *Full Name of Mother,* Josephine Schmuff
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Schmuff
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 14398
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 20th 1889
4. *Place of Birth, (Street and Number)*	762 N. Franklin St
5. *Full Name of Mother,*	Annie L. Young
6. *Mother's Maiden Name,*	Jenkins
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. L. Young
9. *Father's Occupation,*	Paperhanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	S. W. Seldrus M. D.
Address,	1 E. Lr. Caroline Bager Sts
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George John Ulrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 17399

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 20th 1889.
4. Place of Birth, (Street and Number) 1712 E. Eager St
5. Full Name of Mother, Matilda Ulrich
6. Mother's Maiden Name, Herdic
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Ulrich
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Seldner M. D

Address, S. E. cor Caroline & Eager Sts

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 14400
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 20
4. *Place of Birth, (Street and Number)*	1121 Pratt
5. *Full Name of Mother,*	Maggie Sheppard
6. *Mother's Maiden Name,*	" Gilchrist
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Sheppard
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mc Morrigan
Address,	412 Scott St
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14401

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Augst 20th 1889
4. *Place of Birth, (Street and Number)* 1121 Myrtle ave
5. *Full Name of Mother,* Naomi Kaercher
6. *Mother's Maiden Name,* Naomi Kletzing
7. *Mother's Birthplace,* Penna.
8. *Full Name of Father,* David Kaercher
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return. Thos. D. Latimer M.D.

Address, 1213 Eutaw Place

Remarks, Chloroform. No Trouble.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A. 11402

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, august 20
4. Place of Birth, (Street and Number) 1239 Battery ave
5. Full Name of Mother, Mina Mary Lamb
6. Mother's Maiden Name, Mina Mary Layton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Needles Lamb
9. Father's Occupation, Ship Smith
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Gonway

Address,

Remarks,

J. C. BRANY & CO., CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ~~th~~ **A.** 14403

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug (Q D) 17th, 1889
4. *Place of Birth (Street and Number)* 1450 S Light
5. *Full Name of Mother* Sophia Slagal
6. *Mother's Maiden Name* " Schaum
7. *Mother's Birthplace* Md (B. City.
8. *Full Name of Father* Thos. Slagal
9. *Father's Occupation* Barber
10. *Father's Birthplace* B. City

Name of Medical Attendant, or other Person who makes this Return. ~~R. H. P.~~ Ellis

Address

Remarks 9 1st Light

Full name of child: Thomas Galvin Slagle

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A 14404
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20th of August
4. *Place of Birth, (Street and Number)*	2237 E. Fayette St. City, Md
5. *Full Name of Mother,*	Mary Ethel Lawton
6. *Mother's Maiden Name,*	" " Howard
7. *Mother's Birthplace,*	Maryland. Baltimore City
8. *Full Name of Father,*	Howard Morrison Lawton
9. *Father's Occupation,*	Stone Cutter.
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mrs Knowles
Address,	1824 E Pratt St
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 4-23-62

To the Office of ~~Registrar of Vital Statistics~~, Board of Health, Baltimore City.

Name: Clarence Boyd Holland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 20 1889
4. Place of Birth, (Street and Number) 516 Preston Street
5. Full Name of Mother, Mary Willie Holland
6. Mother's Maiden Name, " " Kelley
7. Mother's Birthplace, Montgomery County
8. Full Name of Father, Frederick Tyson Holland
9. Father's Occupation, Driver
10. Father's Birthplace, Montgomery County

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 509 West Preston Street

Remarks,

A 14465

HEALTH DEPT BALTIMORE

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14406

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 les
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	20 of August, 1889.
4. Place of Birth (Street and Number),	311 N. Castle Street.
5. Full Name of Mother,	Louise Hinzmann.
6. Mother's Maiden Name,	Louise Klünder
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wilhelm Hinzmann.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Holle midwif
Address,	207 N. Castle, Str.
Remarks,	

That every person practicing midwifery in the city of Baltimore, or superintendence a birth shall hereafter take place, shall keep a true and correct This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 14407

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	August 20th 1889
4. *Place of Birth (Street and Number)*	1412 Mulliken st
5. *Full Name of Mother*	Lottie Lewis
6. *Mother's Maiden Name*	Lottie Johnson
7. *Mother's Birthplace*	Anne Arundel Co
8. *Full Name of Father*	John Lewis
9. *Father's Occupation*	Peddler
10. *Father's Birthplace*	Anne Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	Catharine DeCourcy
Address	223 Spring st
Remarks	Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-31-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14408

William Thomas ~~Moon~~ Moon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. Sex, (State whether male or female) ~~Female~~ Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 20 1889
4. Place of Birth, (Street and Number) 1908 Hanover St.
5. Full Name of Mother, Mary Anthony
6. Mother's Maiden Name, Mary Moon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Moon
9. Father's Occupation, Fisherman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Cassey

Address, 213 E. Heath St

Remarks, Doing Well.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~No~~ 3rd A. 14409

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 Aug
4. Place of Birth, (Street and Number) 1525 Mulligar st
5. Full Name of Mother, Barbara Degele
6. Mother's Maiden Name, " Horrith
7. Mother's Birthplace, Germany
8. Full Name of Father, William Degele
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N. Gay st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 **A** 14410

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Aug 1889
4. *Place of Birth, (Street and Number)* No 16 Franklin St
5. *Full Name of Mother,* Annie Loenhuinig
6. *Mother's Maiden Name,* Laborers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eamiel Loenhuinig
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1927 W Lombard St

Remarks,

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

[illegible] practicing midwifery in the City of [illegible] of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 1st Rosa.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White. A. 1+H11

3. Date of Birth, August 20th 1889.

4. Place of Birth, (Street and Number) Harrison st # 118

5. Full Name of Mother, Clara Levitzky

6. Mother's Maiden Name, Aliorth

7. Mother's Birthplace, ~~Abraham Levitzky~~ Russia.

8. Full Name of Father, Abraham Levitzky

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1869 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 A. 14 H 17
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th August
4. *Place of Birth, (Street and Number)*	141 West Randall Street
5. *Full Name of Mother,*	Augusta Berger
6. *Mother's Maiden Name,*	Augusta Lehmann
7. *Mother's Birthplace,*	Gottesberg Schlesein Germany
8. *Full Name of Father,*	Gustav Berger
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Gottesberg Schlesein Germany
Name of Medical Attendant, or other person who makes this Return.	M Berger
Address,	711 Lewis St
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 A. 14413

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) (Henry Ullsperger)

3. Date of Birth, Aug 20 1889

4. Place of Birth, (Street and Number) 621 E. Lombert St.

5. Full Name of Mother, Anna Ullsperger

6. Mother's Maiden Name, Meier

7. Mother's Birthplace, Germany

8. Full Name of Father, Wenz C. Ullsperger

9. Father's Occupation, Shoe - Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

register of such birth, and shall enter the name on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 **A.** 114414

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 20 1889
4. *Place of Birth, (Street and Number)* 306 President St
5. *Full Name of Mother,* Raffaila Petrone
6. *Mother's Maiden Name,* Quietta
7. *Mother's Birthplace,* Italia
8. *Full Name of Father,* John Petrone
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14413

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20 August
4. *Place of Birth, (Street and Number)* 1011 Watson St
5. *Full Name of Mother,* Lena Allen
6. *Mother's Maiden Name,* Kammann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Allen
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ellis

Address, 1909 Holland

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 14416

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 20/89.
4. *Place of Birth, (Street and Number)* 1511 Milliman St.
5. *Full Name of Mother,* Rebecca Friedman
6. *Mother's Maiden Name,* " Littauer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isaac. Friedman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDeville

Address, 108 Aisquith St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-15-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jesse Milheiser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14417

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 20 89
4. Place of Birth, (Street and Number) 1413 E. Fayette St.
5. Full Name of Mother, Mollie Milheiser
6. Mother's Maiden Name, " Schwab.
7. Mother's Birthplace, Balto
8. Full Name of Father, Isaac Milheiser
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward P. McDevitt

Address, 208 Cinquette St

Remarks,

[illegible] person practicing midwifery in the City of [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A. 14418

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 20 - 89
4. *Place of Birth, (Street and Number)* 707 N. Ann.
5. *Full Name of Mother,* Mary E. Harris
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edgar C Harris
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh

Remarks,

...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14419

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Aug the 20
4. *Place of Birth, (Street and Number)* 505 Short St.
5. *Full Name of Mother,* Cathrine Ann Brown.
6. *Mother's Maiden Name,* Cathrine Ann Feldmus.
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Weston K. Brown.
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mary Malter

Address, 503 N. Carolina St

Remarks, Balto

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14420

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, August 21st 1889.
4. Place of Birth, (Street and Number) No. 2030 Cristian St.
5. Full Name of Mother, Meta Bloberger.
6. Mother's Maiden Name, Meta Geistrup.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Bloberger.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1442

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girls
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 21st 1889
4. Place of Birth, (Street and Number) Baltimor No 1014 Druid hill ave
5. Full Name of Mother, Maggie McLaulliff
6. Mother's Maiden Name, Maggie Bowen
7. Mother's Birthplace, Ireland
8. Full Name of Father, Morris McLaulliff
9. Father's Occupation, Coachman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimor

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 1472

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26th 89
4. Place of Birth, (Street and Number) 125 W. 4th St.
5. Full Name of Mother, Elizabeth Ann Willhelm
6. Mother's Maiden Name, Elizabeth Ann Blake
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John F. Willhelm
9. Father's Occupation, Fireman on R.R.
10. Father's Birthplace, New Freedom Pa.

Name of Medical Attendant, or other person who makes this Return. C. C. Stewart M.D.

Address, 120 W. Fourth St.

Remarks,

Whoever under whose charge or superintendance and ordained that every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child A 14423

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, augest the 21 st 1889
4. Place of Birth, (Street and Number) Baltimore 215 Jasper st
5. Full Name of Mother, ocelia Roams
6. Mother's Maiden Name, ocelia Broadus
7. Mother's Birthplace, Erie county Va
8. Full Name of Father, Henry Roams
9. Father's Occupation, Worked in a factory
10. Father's Birthplace, Erie county Va

Name of Medical Attendant, or other Person who makes this Return. Sarah Elwood

Address, 213 Jasper st Baltimore md

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14424

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 21st 1889
4. *Place of Birth, (Street and Number)*	Division & Dolphin Sts.
5. *Full Name of Mother,*	Amelia Loyd,
6. *Mother's Maiden Name,*	Amelia Conradi
7. *Mother's Birthplace,*	Ohio,
8. *Full Name of Father,*	Chas. J. Loyd,
9. *Father's Occupation,*	Grocer,
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
Address,	Calvert & Preston Sts.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 7 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 14435

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug. 21st 1889.
4. *Place of Birth, (Street and Number)* Cor. Boundary & Jenkins Ave
5. *Full Name of Mother,* Caroline Lauterbach.
6. *Mother's Maiden Name,* " Grimm.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Edward Lauterbach.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Emma Wellegeist

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. A 11476

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, August 21st 1889
4. Place of Birth, (Street and Number) 1606 Vincent Ave near Gaha
5. Full Name of Mother, Anna Butler
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Washington D C.
8. Full Name of Father, Georg Barnes
9. Father's Occupation, Driving
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Rollins

Address, 1610 Vincent Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 11427

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of one Child

1. *Sex,* (state whether male or female) female.
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* 21. august.
4. *Place of Birth,* (Street and Number) 415. Eutaw street
5. *Full Name of Mother,* Minnie Mary. Hommes.
6. *Mother's Maiden Name,* Minnie M Saunders.
7. *Mother's Birthplace,* Cambridge, Dorc. maryland.
8. *Full Name of Father,* George. William Hommes
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Texas. County Virginia.

Name of Medical Attendant, or other Person who makes this Return. Mother Jordan

Address, 153. East. street

Remarks, as well as can be. Expected

JOHN B. PIET, PRINTER & STATIONER, BALT.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14428

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Colored~~
3. *Date of Birth,* 21 August 1889.
4. *Place of Birth, (Street and Number)* No. 1830 Eden St.
5. *Full Name of Mother,* Mary Fisher
6. *Mother's Maiden Name,* Filow
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Charles Fisher
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Wm L. Schulte.

Address, 528 N. Washington St.

Remarks,

4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2- A. 14429

1. *Sex (state whether male or female),* M
2. *Race or Color (if not of the white race),* N
3. *Date of Birth,* Aug 21 1889
4. *Place of Birth (Street and Number),* 210 Lemmon st
5. *Full Name of Mother,* Mary E Cary
6. *Mother's Maiden Name,* Bush
7. *Mother's Birthplace,* Face River - Miss
8. *Full Name of Father,* John R Cary
9. *Father's Occupation,* Bank Officer
10. *Father's Birthplace,* Monroe Co. N.Y.

Name of Medical Attendant, or other person who makes this Return. R. Winslow Md

Address, 1 Mt Royal Terrace.

Remarks,

Every person whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second **A.** 14430

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 21st 1889
4. *Place of Birth, (Street and Number)* 2533 Oliver St
5. *Full Name of Mother,* Mary Jenkins
6. *Mother's Maiden Name,* Clemens
7. *Mother's Birthplace,* Philadelphia Pa.
8. *Full Name of Father,* Charles S. Jenkins
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S. E. Cor. Caroline Eager Sts

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14431

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — 11th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 21. 1889
4. Place of Birth (Street and Number) 1608 McElroy St
5. Full Name of Mother Georgianna Gregory
6. Mother's Maiden Name " Layton
7. Mother's Birthplace Balt
8. Full Name of Father James C. Gregory
9. Father's Occupation Tinner
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J J Gross M.D.

Address 1435 Alen St

Remarks

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14432

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, August 21st, 1889
4. Place of Birth, (Street and Number) No. 1922 Jefferson St.
5. Full Name of Mother, Mrs. Mary Ellen Fountain
6. Mother's Maiden Name, Miss Mary E. Herold
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Charles E. Fountain
9. Father's Occupation, Book Binder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen M.D.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 14433

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, M. N. Corbett Eastern
4. Place of Birth, (Street and Number) Aug. 21 — 89
5. Full Name of Mother, Augusta A. A. Clar
6. Mother's Maiden Name, Augusta A. A. Nacke's
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. J. Clar
9. Father's Occupation, Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Frank G. Meyer M.D.

Address, 4 So Eastern St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick — Schmidt. 14434

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 21st 1889.
4. *Place of Birth, (Street and Number)* 942 N. Gay st
5. *Full Name of Mother,* Anna Maria Schmidt
6. *Mother's Maiden Name,* Anna Dankmeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fritz Schmidt
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Meyer M.D.

Address, 953 N. Gay st

Remarks, GIVEN NAME ADDED. 5-19-54 L.M.

SEP 7 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. MULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 21st 89
4. *Place of Birth, (Street and Number)* 1825 Guilford Av
5. *Full Name of Mother,* Mary Wray
6. *Mother's Maiden Name,* Mary Patrick
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* William H. Wray
9. *Father's Occupation,* Veterinary Surgeon
10. *Father's Birthplace,* N. York

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address, 639 Franklin St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 14436

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 21 st
4. Place of Birth, (Street and Number) 526 S. Paca st.
5. Full Name of Mother, Mary Knapp
6. Mother's Maiden Name, " Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Knapp
9. Father's Occupation, Saddler
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st.,

Remarks,

SEP 5 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 14437

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, Aug 21st 1889
4. Place of Birth, (Street and Number) Baltimore City No 7 Popelton
5. Full Name of Mother, Annie E Mule
6. Mother's Maiden Name, Annie Funk
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A Mule
9. Father's Occupation, Machinman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, No 716 West St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14438

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21 / 89.
4. *Place of Birth, (Street and Number)* 1523 Kevington Place
5. *Full Name of Mother,* Annie M. Griffin
6. *Mother's Maiden Name,* Simonds
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Robt. W. Griffin
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian, M.D.

Address, 1821 Madison Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

14439

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	A.
3. *Date of Birth,*	August 21st
4. *Place of Birth, (Street and Number)*	1117 S. Paca st
5. *Full Name of Mother,*	Mary Nieman
6. *Mother's Maiden Name,*	Mary Mulhoff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry E. Nieman
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangle
Address,	711 Cross S.B.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14440

HEALTH DEPARTMENT SEP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* ~~White~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21 - 89
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J Todd MD

Address, Res Phy Maternite

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A. 14444

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 21 89
4. *Place of Birth, (Street and Number)* 234 N Eden St
5. *Full Name of Mother,* Emma J Gallagher
6. *Mother's Maiden Name,* " " McManus
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Gallagher
9. *Father's Occupation,* Plumber & Gasfitter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Edward J McDevitt

Address, 208 Aisquith St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1926
BALTIMORE, MD.

A. 14444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 936 Sterling St
4. *Place of Birth, (Street and Number)* 210 August
5. *Full Name of Mother,* Clara Brockmeyer
6. *Mother's Maiden Name,* " Peters
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jos. Brockmeyer
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Allt

Address, 1302 Holland St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14443

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 21—89
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Jolly
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J Todd MD

Address, Res Hy Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child A. 14444
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 21 — 1889.
4. *Place of Birth, (Street and Number)*	1439 Patapsico st.
5. *Full Name of Mother,*	Martha Wolf.
6. *Mother's Maiden Name,*	Martin.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Richard Wolf.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohvasser Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14445

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 21st
4. *Place of Birth, (Street and Number)*	548 Mosher St
5. *Full Name of Mother,*	Alice J. Clautice
6. *Mother's Maiden Name,*	Alice J. Sweeney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm F. Clautice
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. Hutton
Address,	400 Cathedral St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. **A.** 14446

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21st 1889
4. *Place of Birth, (Street and Number)* #525 N. Exeter St.
5. *Full Name of Mother,* Lena Steedman
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Steedman
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegrist

Address, #103 P E Monument St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14447

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~21 August~~ 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 21 August.
4. *Place of Birth, (Street and Number)* 1028 Sharp St. Baltimor Md.
5. *Full Name of Mother,* Loisa Jacobs.
6. *Mother's Maiden Name,* Loisa, Helena, Sophie Bartels.
7. *Mother's Birthplace,* Oldenburg, Germany.
8. *Full Name of Father,* Fred Jacobs.
9. *Father's Occupation,* Kammaker
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return. Catherine Hinch

Address, 800 Leadenhall Street

Remarks,

[illegible] of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child A. 14448
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 21 1889
4. *Place of Birth, (Street and Number)*	162 Gross st.
5. *Full Name of Mother,*	Katie Hecker.
6. *Mother's Maiden Name,*	Weisbrodt.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Hecker.
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lehnasser Midwife.
Address,	1032 Hanover st.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14449

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug. 21st 1889.
4. *Place of Birth, (Street and Number)* #826 N. Front St.
5. *Full Name of Mother,* Mary Mueller.
6. *Mother's Maiden Name,* Myer.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andrew Mueller.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 A. Monument St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 14450

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21, 1893
4. *Place of Birth, (Street and Number)* 321½ Charles St
5. *Full Name of Mother,* Ellen J. Turner
6. *Mother's Maiden Name,* Ellen J. McGall
7. *Mother's Birthplace,* St Louis
8. *Full Name of Father,* Harry D. Turner
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. B. A. Herrman

Address, 214 St Paul St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second **A.** 14451

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 21st 1889
4. *Place of Birth, (Street and Number)* 508 N Eden street
5. *Full Name of Mother,* Mary Alice Mace
6. *Mother's Maiden Name,* " " Meehan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Elmer Ellsworth Mace
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James Elbrittford M.D.

Address, 819 Aisquith Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offcuse, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A. 1414 V

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug 22nd 1889.
4. Place of Birth, (Street and Number) #2042 E. Eager St.
5. Full Name of Mother, Mary Mc. Neir
6. Mother's Maiden Name, " Jenkins.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Andrew Mc. Neir.
9. Father's Occupation, Printer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Stillenger

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd 14453
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22nd Aug
4. *Place of Birth, (Street and Number)*	1619 E Eager st
5. *Full Name of Mother,*	Sophia Dinkerbring
6. *Mother's Maiden Name,*	" Fleischmar
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Dinkerbring
9. *Father's Occupation,*	Tailor & cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) A 14464

1. *Sex, (~~state whether male~~ or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 22/89
4. *Place of Birth, (Street and Number)* #130 Pearl St
5. *Full Name of Mother,* Louisa Paine Fisher
6. *Mother's Maiden Name,* Louisa Paine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Fisher
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Robt W. Mifflin M.D

Address, 321 N. Paca St

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd **A.** 14455

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 22nd 1889
4. *Place of Birth, (Street and Number)* 203 Scott St
5. *Full Name of Mother,* Elizabeth Stigers
6. *Mother's Maiden Name,* Bessiah
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Stigers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N Carrollton Ave

Remarks,

[illegible] practicing midwifery in the City of [illegible] whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11456

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* Thursday Aug 22nd 89 8.30 a.m.
4. *Place of Birth,* (Street and Number) 530 N. Carey St
5. *Full Name of Mother,* Bessie A. McGann
6. *Mother's Maiden Name,* Bessie A. Kenah
7. *Mother's Birthplace,* Allegany County Md
8. *Full Name of Father,* J Brooke McGann
9. *Father's Occupation,* Journalist
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other Person who makes this Return. E Worthington MD.

Address, Park Ave & Mulberry St

Remarks, Balto Md.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 22. 89
4. *Place of Birth, (Street and Number)* #1503 Millinan St.
5. *Full Name of Mother,* Gertrude Waldner
6. *Mother's Maiden Name,* Schaffer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Louis Waldner
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 160 Walker & Balto. Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A.** 14458

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 2 2nd
4. *Place of Birth, (Street and Number)* 219 So Paca
5. *Full Name of Mother,* Mary Vchstedtt
6. *Mother's Maiden Name,* Mary Ruediger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Vchstedtt
9. *Father's Occupation,* Grocerman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 641 So Paca

[illegible] under white charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 14459

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 22nd 1889
4. *Place of Birth (Street and Number)* # 224 S. Fremont St
5. *Full Name of Mother* Annie E. Walker,
6. *Mother's Maiden Name* " Fay
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* George S. Walker.
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Goltz M. D.

Address # 1220 W. Lexington St.

Remarks Obliged me by sending a package of "Health Board" envelopes and some registration cards & enclosing circ

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 14460

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 22nd 1889
4. *Place of Birth (Street and Number)* 315 Federal St.
5. *Full Name of Mother* Mary H. Kelligan
6. *Mother's Maiden Name* " Hagan
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* J. J. Kelligan
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Thos. P. McCormick

Address 1421 Eutaw Place

Remarks Child born about 2 weeks before time of expected confinement

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth. A. 14461
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Aug. 22 1889
4. *Place of Birth, (Street and Number)*	309 Madeira Alley.
5. *Full Name of Mother,*	Mary Ward
6. *Mother's Maiden Name,*	Mary Haily
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	James Ward.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perkins.
Address,	244 S. Chester.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third. A 14267
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Aug. 22, 1889
4. *Place of Birth, (Street and Number)*	227 Madeira Alley
5. *Full Name of Mother,*	Barbra Connelly
6. *Mother's Maiden Name,*	" Welch
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Connelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A Perkins.
Address,	241 E. Chestnut.
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th **A.** 14463

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 22d
4. *Place of Birth, (Street and Number)* 923 Elm Place
5. *Full Name of Mother,* Annie Sadler
6. *Mother's Maiden Name,* Annie Grumholz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sadler
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hillgonda Slifer

Remarks, 641 So Paca

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A.** 14464

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 22 1889
4. *Place of Birth (Street and Number),* Dallastt 923
5. *Full Name of Mother,* Mary Stehtik
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiemen
8. *Full Name of Father,* Joseph Stehtik
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Bohiemen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptes

Address,

Remarks, Wastopting 20(5)

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A. 14465
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 22 1889.
4. *Place of Birth, (Street and Number)*	1014 Goodmans Alley.
5. *Full Name of Mother,*	Anna Meister.
6. *Mother's Maiden Name,*	Baumgertner.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Meister.
9. *Father's Occupation,*	Box manufatorer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, ~~3d,~~ &c.) A 14466

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* —
3. *Date of Birth,* Aug 22nd 1889
4. *Place of Birth (Street and Number),* 738 North Ave
5. *Full Name of Mother,* Mc Gee Stevens
6. *Mother's Maiden Name,* Mc Gee
7. *Mother's Birthplace,* Phila
8. *Full Name of Father,* Edwin Stevens
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. C. B. Gamble

Address, 925 Cathedral

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14467

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	22d August 1889
4. Place of Birth (Street and Number)	937. S. Leadenhall St.
5. Full Name of Mother	Mrs Mary A Johnson
6. Mother's Maiden Name	miss Mary A. Johnson
7. Mother's Birthplace	Queen-anne Co. Md.
8. Full Name of Father	Jacob Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Brooklyn New York
Name of Medical Attendant, or other Person who makes this Return.	Levin D. Leyer
Address	224 W. Hill St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 8-23-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George H. Henkomm

A. 14468

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 22 1889
4. Place of Birth, (Street and Number) 217 N. High St.
5. Full Name of Mother, Elizabeth (~~Newcome~~) Henkomm
6. Mother's Maiden Name, " Sturm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Otto (Newcome) Henkomm
9. Father's Occupation, Chandalier maker
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return. David Streett MD

Address, 403 N. Exeter

Remarks,

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 14469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 22 89.
4. *Place of Birth, (Street and Number)* 546 West Biddle st
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Frederick City
8. *Full Name of Father,* Samuel Gent
9. *Father's Occupation,* Furniture Dealer
10. *Father's Birthplace,* Charles County

Name of Medical Attendant, or other person who makes this Return. Wester Estance

Address, 519 Preston Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 14470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 6 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22 th 1889
4. Place of Birth, (Street and Number) E. Fayette St No 1931
5. Full Name of Mother, Anna Ortman
6. Mother's Maiden Name, Anna Haase
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Ortman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 14471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22 1839.
4. *Place of Birth, (Street and Number)* 1018 Harford road
5. *Full Name of Mother,* K Gonzman
6. *Mother's Maiden Name,* K. Ritterhoffer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* S Gonzman
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. G. S. Butt

Address, 1245 Monument St

Remarks, All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. **A.** 4472

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 22/89
4. *Place of Birth, (Street and Number)* 1226. E. Madison st
5. *Full Name of Mother,* Grace. Lee. Jordan
6. *Mother's Maiden Name,* " " Melville
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles F. Jordan
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14413

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22 — 1889
4. Place of Birth, (Street and Number) 723 W. Mulberry st. Balto
5. Full Name of Mother, Rebekah M. Schuyler
6. Mother's Maiden Name, Rebekah Minter
7. Mother's Birthplace, Cobbs Creek Mathews Co Va
8. Full Name of Father, Orvil Schuyler
9. Father's Occupation, Advertising agent.
10. Father's Birthplace, Edward N. J.

Name of Medical Attendant, or other person who makes this Return. Geo. W. Slater. M.D.

Address, 1637 N. Fayette St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The person in charge of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 lt. A. 14474

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 22. 89
4. *Place of Birth, (Street and Number)* 38 S. Pippeton
5. *Full Name of Mother,* Ellen Melville
6. *Mother's Maiden Name,* Ellen Rafftery
7. *Mother's Birthplace,* Co Galway Ireland
8. *Full Name of Father,* Francis Melville
9. *Father's Occupation,* Loloom Repper
10. *Father's Birthplace,* Galway Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pippeton St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 6/20/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Edward Lewis

A. 14475

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 22nd of August. 1889
4. *Place of Birth, (Street and Number)* Baltimore 233 N. Poppleton St.
5. *Full Name of Mother,* Laura Gertrude Keifel.
6. *Mother's Maiden Name,* Laura Gertrude Keifel.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Frederick Lewis.
9. *Father's Occupation,* Cart Driver.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Laura Hunter

Address, 233 N. Poppleton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14476

HEALTH DEPARTMENT, SEP 3 1859 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 August
4. *Place of Birth, (Street and Number)* 94 Eden Street
5. *Full Name of Mother,* Sophie Rosenberger
6. *Mother's Maiden Name,* = Heine
7. *Mother's Birthplace,* Schoeningen : Braunschweig
8. *Full Name of Father,* Lorenz Rosenberger
9. *Father's Occupation,* music teacher
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Anna L Walker

Address, 928 Central Avenue

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ~~Cox~~ **A.** 14477

1. *Sex, (state whether male or female)* Cox
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 August
4. *Place of Birth, (Street and Number)* 1100 ~~Hisqua~~ Harford Av.
5. *Full Name of Mother,* Maguie Krauss
6. *Mother's Maiden Name,* Knauer
7. *Mother's Birthplace,* Hurtzendorf (Baiern
8. *Full Name of Father,* Joseph Krauss
9. *Father's Occupation,* Rosdorf / Baiern
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Avenue

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT.
SEP 3 1889
BALTIMORE

A. 14478

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 22 of august
4. *Place of Birth, (Street and Number)* 225 York st
5. *Full Name of Mother,* Maggie L. Banks
6. *Mother's Maiden Name,* Maggie L Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James S Banks
9. *Father's Occupation,* Rail road porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Millie Gross

Address, 229 York St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 1 1899
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14479

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 22d 1899.
4. Place of Birth, (Street and Number) 37 Wesley St.
5. Full Name of Mother, Mary Catherine Wimmer,
6. Mother's Maiden Name, " " Duell,
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Wm G. Wimmer
9. Father's Occupation, Grocer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 4 1889
BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 14480

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* Aug. 22nd 1889.
4. *Place of Birth, (Street and Number)* No. 37 Vincent alley
5. *Full Name of Mother,* Mary Stevens.
6. *Mother's Maiden Name,* Mary Stevens.
7. *Mother's Birthplace,*
8. *Full Name of Father,* William Brooks.
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. N. Wilson M.D.

Address, 1637 W. Fayette.

Remarks, "Illegitimate"

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14481

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22 nd 1889
4. Place of Birth, (Street and Number) No 4004 Wilkens Ave
5. Full Name of Mother, Annie Wolf
6. Mother's Maiden Name, Ryne
7. Mother's Birthplace, Balto
8. Full Name of Father, Lawrence Ryen
9. Father's Occupation, Clerk
10. Father's Birthplace, Harrisburg

Name of Medical Attendant, or other person who makes this Return, Mrs E Dunnox

Address, No 1727 W Lombard St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 1st Ruby

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White. A 1148V
3. Date of Birth, August 22d 1889
4. Place of Birth, (Street and Number) Exeter st # 228
5. Full Name of Mother, Ida Shyman
6. Mother's Maiden Name, Flatz
7. Mother's Birthplace, Russia.
8. Full Name of Father, Simon Shuman.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ed Schesman

Address, Albemarle st N 103.

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1889

A. 14483

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Lea.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 22d 1889.
4. Place of Birth, (Street and Number) E. Baltimore st. #622.
5. Full Name of Mother, Jany — Chaim.
6. Mother's Maiden Name, — Finkelstin.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Salomon Chaim.
9. Father's Occupation, Barber.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. E. Scherman.

Address, Albemarle st N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7/17/61

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Adolph Loos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14484

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 23rd 1889
4. Place of Birth, (Street and Number) 618 W. Lombard st
5. Full Name of Mother, Johanna Loos
6. Mother's Maiden Name, " Koenig
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Loos
9. Father's Occupation, Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. L. Bradenbaugh

Address, 417 S. Paca st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First **A** 14485
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 23rd 89
4. *Place of Birth, (Street and Number)*	822 W Lombard St
5. *Full Name of Mother,*	Annie Sprinck
6. *Mother's Maiden Name,*	Annie Gatzler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas G. Sprinck
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	D F Phillips
Address,	735 W Lombard St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14486

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug. 23 1889
4. *Place of Birth, (Street and Number)* 1126 Hampson
5. *Full Name of Mother,* Lea Goldenheim
6. *Mother's Maiden Name,* " Grossman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Goldenheim
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. David Stark M.D.

Address, 403 N. Exeter St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ First

A. 14487

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, August 23d 1889
4. Place of Birth, (Street and Number) 2118 Etting St.
5. Full Name of Mother, Virgil Gibson.
6. Mother's Maiden Name, Do Do.
7. Mother's Birthplace, City.
8. Full Name of Father, Charles Gibson
9. Father's Occupation, Porter
10. Father's Birthplace, City.

Name of Medical Attendant, or other Person who makes this Return Geo. C. Shannon Jnt.

Address, 1442 Presstman St. Cor. Stricker

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14488

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 23 th
4. *Place of Birth, (Street and Number)* Baltimore laloupe st 193
5. *Full Name of Mother,* Mary O Clark
6. *Mother's Maiden Name,* Clark
7. *Mother's Birthplace,* providence ro
8. *Full Name of Father,* Charles Clark
9. *Father's Occupation,* Borler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hatharn

Address, 1514 light St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore Md D1888

A. 14489

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colord
3. Date of Birth, Aug 23 friday
4. Place of Birth, (Street and Number) 10 Hughes st
5. Full Name of Mother, Sarah young
6. Mother's Maiden Name,
7. Mother's Birthplace, Anne Co va
8. Full Name of Father, John Williams
9. Father's Occupation, Coal show
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henderson Wattico

Address, 726 Hanover st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 14490

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* August 23 1889
4. *Place of Birth, (Street and Number)* 721 E Biddle St Balto City
5. *Full Name of Mother,* Sarah Alice Bopp
6. *Mother's Maiden Name,* S A Ferree
7. *Mother's Birthplace,* York Co Pa
8. *Full Name of Father,* Amos Bopp
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs S Wooden

Address, # 936 Greenmount Ave

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fi 5th A. 14491

1. *Sex, (state whether male or female)* ~~Colored~~ Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 23td 1889
4. *Place of Birth, (Street and Number)* 2002 Hunter Alley
5. *Full Name of Mother,* Lavenia Page.
6. *Mother's Maiden Name,* " " Buckler.
7. *Mother's Birthplace,* Frederick Maryland
8. *Full Name of Father,* Charles Page.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14492

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 23 1889
4. *Place of Birth, (Street and Number)* Lombard st 1825
5. *Full Name of Mother,* Mary Freimlein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* george Freimlein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return. Mary Stapleton

Address,

Remarks, Washington

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A. 14443
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 23st
4. *Place of Birth, (Street and Number)*	Baltimore 833 W. Saratoga St
5. *Full Name of Mother,*	Susie Pollheim
6. *Mother's Maiden Name,*	Susie Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Pollheim
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	No 785 W Pratt st
Remarks,	

HEALTH DEPARTMENT SEP 4 1900 BALTIMORE

ENG J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

D. 14494

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Born August the 23. 1889
4. *Place of Birth, (Street and Number)*	Raborg ebret # 1011
5. *Full Name of Mother,*	Sarah waner
6. *Mother's Maiden Name,*	Sarah waner
7. *Mother's Birthplace,*	Talbart County Md
8. *Full Name of Father,*	Albert Waner
9. *Father's Occupation,*	lumber yard
10. *Father's Birthplace,*	Talbart County Md
Name of Medical Attendant, or other Person who makes this Return	Harry Grimrod
Address,	No 637 cider Alley
Remarks,	getting along nicely

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 14495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male ~~or female~~) George A. d.o.b. 3/20/20
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23th 1889
4. Place of Birth, (Street and Number) S. Dallas St No 230
5. Full Name of Mother, Carokina Weaver
6. Mother's Maiden Name, Carolina Eink
7. Mother's Birthplace, York, Pa.
8. Full Name of Father, August Weaver
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 814

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. **A.** 14496

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 23 /89.
4. *Place of Birth, (Street and Number)* 1121 Etting St.
5. *Full Name of Mother,* Annie R Allen
6. *Mother's Maiden Name,* Warner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo W. Allen
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #2d Bannie

1. Sex, (state whether male or female) Mal A. 14497
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23d 1889
4. Place of Birth, (Street and Number) E Pratt st. #918.
5. Full Name of Mother, Paulina Goldberg
6. Mother's Maiden Name, Saks
7. Mother's Birthplace, Russia
8. Full Name of Father, Salomon Goldberg
9. Father's Occupation, Cegar-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14498

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 23 1889
4. Place of Birth, (Street and Number) 724 S. Broadway
5. Full Name of Mother, Elisabeth Hildebrand
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Hildebrand
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. *Sex, (state whether male or female)* Female

A. 14499

2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Aug 23 - 1889
4. *Place of Birth, (Street and Number)* 106. N. Bruce St.
5. *Full Name of Mother,* Mary J Forrester
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* West River Md.
8. *Full Name of Father,* William Forrester
9. *Father's Occupation,* Marble Cutter
10. *Father's Birthplace,* West River Md.

Name of Medical Attendant, or other person who makes this Return. Geo. W. Slater M.D.

Address, 1637. W. Fayette St.

Remarks, Premature Birth & lived only half hour.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 14500

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23d August 1884
4. *Place of Birth, (Street and Number)* 330 East Hamburg St
5. *Full Name of Mother,* Emma Jones
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Jones
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 1450'

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 24
4. *Place of Birth (Street and Number)* 138 Wash St
5. *Full Name of Mother* Maggie Homey
6. *Mother's Maiden Name* " Funk
7. *Mother's Birthplace* Md
8. *Full Name of Father* John Funk
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R H D Lees

Address

Remarks 915 Light

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child A. 14502
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 24th 1889
4. *Place of Birth, (Street and Number)*	No 423. Payson Str
5. *Full Name of Mother,*	Mrs Augusta Knopf
6. *Mother's Maiden Name,*	Miss Augusta Sadosking
7. *Mother's Birthplace,*	West Preissen Germany
8. *Full Name of Father,*	Mr Edward Knopf
9. *Father's Occupation,*	Watchman
10. *Father's Birthplace,*	West Preissen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127. West Pratt Str
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* August 24th 1889
4. *Place of Birth, (Street and Number)* 1036 Stocking Alley
5. *Full Name of Mother,* Rose hall
6. *Mother's Maiden Name,* Rose Mackall
7. *Mother's Birthplace,* Colbert Co. Maryland
8. *Full Name of Father,* John Hall
9. *Father's Occupation,* Driving
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mary C. Jones

Address, 1121 W. Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14504

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 24 1889
4. Place of Birth, (Street and Number) 1117 Clared alley
5. Full Name of Mother, Ida hammon
6. Mother's Maiden Name, Ida bained
7. Mother's Birthplace, kent island
8. Full Name of Father, Jarry hammon
9. Father's Occupation, Scow-man
10. Father's Birthplace, Talbut co.

Name of Medical Attendant, or other person who makes this Return. Scharlottie Williams

Address, 607 South Howard st

Remarks, five dollars.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14505

OCT 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug- 24th, 1825 N. Carlton St.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Susie Shane
6. Mother's Maiden Name, Susie Hubland
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Alfred Shane
9. Father's Occupation, Plumber,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Calvert & Preston Sts,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14506

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29th 1889
4. Place of Birth, (Street and Number) 835 Forrest st Baltimore Md.
5. Full Name of Mother, Mrs Ann Kirwan
6. Mother's Maiden Name, Miss Ann Finnegan
7. Mother's Birthplace, England
8. Full Name of Father, John Kirwan
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wadden

Address, 936 Greenmount Ave

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-13-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rita B. ~~Bowers~~ nee Mills

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) First A. 14507

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, August 24th 1888
4. *Place of Birth*, (Street and Number) 1227 E. North Ave
5. *Full Name of Mother*, Margaret S. Mills
6. *Mother's Maiden Name*, Margaret S. Berry
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Harry V. Mills
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1301 N. Central Ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14508

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 24th 89
4. *Place of Birth, (Street and Number)* 533 W. Lanvale
5. *Full Name of Mother,* Hebden Smith
6. *Mother's Maiden Name.* Helen Pratt
7. *Mother's Birthplace,* Essex Co. Va
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave,

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 28th
4. *Place of Birth, (Street and Number)* 1120 Hulls Lane
5. *Full Name of Mother,* Rachel S. Spencer
6. *Mother's Maiden Name,* Rachel Henderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Solomon Spencer
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Caroline Jarden

Address, 153 East st

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 14570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Aug. 24/89
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* Hamill
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* Henry A. Wroot
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14511

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First, Birth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday, August 24
4. *Place of Birth, (Street and Number)* St. Ann's Avenue
5. *Full Name of Mother,* Agnes, Sullivan
6. *Mother's Maiden Name,* Agnes. Sullivan
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Harry Harrison
9. *Father's Occupation,* Engr on Frait Traine
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Virginia Johnson

Address, Bartlett Avenue No. 17

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One A 14517

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* Saturday aug 24th 1889
4. *Place of Birth, (Street and Number)* 620 Bradford al
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Gray
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Lucinder Wolford

Address, 432 N Regester st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14513

No. of Child of Mother, (state whether 1st, 2d. 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 24, 1899
4. *Place of Birth, (Street and Number)*	2322 Cambridge St.
5. *Full Name of Mother,*	Ida Neil
6. *Mother's Maiden Name,*	Ida Benson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jacob Neil
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	721 Luzerne St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 11514
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 24, 1889
4. *Place of Birth, (Street and Number)*	708 Luzerne St.
5. *Full Name of Mother,*	Mary Ashburg
6. *Mother's Maiden Name,*	Mary Finnegan
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Alfred Ashburg
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 14515

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug'-24th 89
4. *Place of Birth (Street and Number)* 1305 — N. Calvert St
5. *Full Name of Mother* Hortensia Hay McIntire —
6. *Mother's Maiden Name* Harvey
7. *Mother's Birthplace* Bel — Air — Harford Co Md
8. *Full Name of Father* W: W: McIntire
9. *Father's Occupation* Insurance Broker
10. *Father's Birthplace* Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. Hefft Pomble Md

Address 212 Madison St

Remarks Bal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 14516

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 24th 89
4. *Place of Birth, (Street and Number)* 905 Milton Ave
5. *Full Name of Mother,* Mrs. Chas A Stallheimer
6. *Mother's Maiden Name,* Celestina A Penny
7. *Mother's Birthplace,* Chas. Co. Md
8. *Full Name of Father,* Chas A Stallheimer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Henry F Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

BALTIMORE CO.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

A. 14571

HEALTH DEPARTMENT SEP 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 24th 1889
4. *Place of Birth, (Street and Number)*	706 Madison Avenue
5. *Full Name of Mother,*	Maggie Sudsburg
6. *Mother's Maiden Name,*	Maggie Disch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph H Sudsburg
9. *Father's Occupation,*	Wood Carver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Thalenzahl
Address,	1507 Pennsylvania Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14518

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 August
4. *Place of Birth, (Street and Number)*	Bond st 31[illegible]
5. *Full Name of Mother,*	Katie Mooyer
6. *Mother's Maiden Name,*	Katie Sommers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Mooyer
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Schuman
Address,	327 South Bond st
Remarks,	

SEP 5 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14519

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 24th 1889
4. *Place of Birth, (Street and Number)* 736 N. Wolfe St
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* Harry M Curtis
7. *Mother's Birthplace,* Verginia
8. *Full Name of Father,* Harry R Harris
9. *Father's Occupation,* clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 1129 E Pratt St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 140520

HEALTH DEPARTMENT SEP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24th 1889
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Agnes Ann
7. Mother's Birthplace, Ireland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. William J. Todd MD

Address, Res Phy Maternite

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE CITY

Ida Cohn

A. 14521

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 24 August 1889
4. Place of Birth, (Street and Number) 525 Chestnut St
5. Full Name of Mother, Fannie Cohn
6. Mother's Maiden Name, " Barlman
7. Mother's Birthplace, Poland
8. Full Name of Father, Louis Cohn
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, GIVEN NAME ADDED 8-13-53 1302 S Colland N

Remarks, L.M.

JM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1880

A. 14572

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 August
4. *Place of Birth, (Street and Number)* 1253 Hare St
5. *Full Name of Mother,* Dorethea Murdock
6. *Mother's Maiden Name,* " " Koch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James E Murdock Jr
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs P. Liersemann

Address, Her Strt 1225

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14572

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	24th of Aug. '89
4.	*Place of Birth, (Street and Number)*	401 S. High St
5.	*Full Name of Mother,*	Eliz. Traeger
6.	*Mother's Maiden Name,*	Hosburger
7.	*Mother's Birthplace,*	America
8.	*Full Name of Father,*	John Traeger
9.	*Father's Occupation,*	Baker
10.	*Father's Birthplace,*	America
	Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turst
	Address,	194 E. Eden St.
	Remarks,	

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14524

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored Race
3. *Date of Birth,* August 25th 1889
4. *Place of Birth, (Street and Number)* Carroll Md
5. *Full Name of Mother,* Hester Caroline Green
6. *Mother's Maiden Name,* Watson
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Lewis H Green
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Prince Georges County

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll P O Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14526

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 26th '89
4. *Place of Birth, (Street and Number)*	1421 W. Fayette St. Balto Md
5. *Full Name of Mother,*	Mary E. Buck.
6. *Mother's Maiden Name,*	A. C. Schulze.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. W. Buck.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Dumpter.
Address,	917 North Schroeder St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. **A.** 14526

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 25th of August.
4. *Place of Birth, (Street and Number)* Balto. Cross St. 154.
5. *Full Name of Mother,* Mary Annie Stang.
6. *Mother's Maiden Name,* Mary Annie Keller.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Frank Stang.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Leadenhall Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14527

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 25th August 1889
4. *Place of Birth, (Street and Number)* Register Str: # 131.
5. *Full Name of Mother,* Barbara Meinhardt
6. *Mother's Maiden Name,* " Seibert
7. *Mother's Birthplace,* Gerabronn, Württemberg
8. *Full Name of Father,* Henry Seibert
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler
Midwife

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 **A** 14528

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 August.
4. *Place of Birth, (Street and Number)* 125 West St. City
5. *Full Name of Mother,* Emma Pfaff
6. *Mother's Maiden Name,* Emma Liebold
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Otto A. Pfaff.
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Canada France.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 210 Ladenhall Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child. A. 14529

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25th 1887.
4. Place of Birth, (Street and Number) 18 Aisquith St.
5. Full Name of Mother, Margaret Parrott.
6. Mother's Maiden Name, Mary F. Fitzgibbons
7. Mother's Birthplace, Ireland
8. Full Name of Father, Geo. W. Parrott.
9. Father's Occupation,
10. Father's Birthplace, Philadelphia.

Name of Medical Attendant, or other person who makes this Return. Jas F. Powell M.D.

Address, 2024 St. Paul St.

Remarks, Child Healthy

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14530

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 25 1902
4. *Place of Birth, (Street and Number)* 1002 Park Ave.
5. *Full Name of Mother,* Laura A. Cooper
6. *Mother's Maiden Name,* Laura A. Baily
7. *Mother's Birthplace,* Caroline County Md.
8. *Full Name of Father,* Charles B. Cooper
9. *Father's Occupation,* Furniture Remover
10. *Father's Birthplace,* Howard County Md.

Name of Medical Attendant, or other person who makes this Return. Nellie Bank

Address, 930 N Eutaw St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1453

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 25 1889
4. *Place of Birth, (Street and Number)*	2914 Hudson St.
5. *Full Name of Mother,*	Martha Rodes
6. *Mother's Maiden Name,*	Martha Gambden
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Rodes
9. *Father's Occupation,*	House - Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Luzerne St.
Remarks,	

Penalty. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14532

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 5th

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* August 25th 1889, 7 A.M.
4. *Place of Birth,* (*Street and Number*) 1126 E Baltimore St
5. *Full Name of Mother,* Eva Wilson
6. *Mother's Maiden Name,* " Bennett
7. *Mother's Birthplace,* Balto Co, Md
8. *Full Name of Father,* Henry Wilson
9. *Father's Occupation,* Leamster, U Transfer Co
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return A Gregg Thertzer Md.

Address, 1102 E Balto St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14523

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Hefeamal
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 25
4. *Place of Birth, (Street and Number)* 1732 Mulligan St
5. *Full Name of Mother,* Kate Dudley
6. *Mother's Maiden Name,* Kate Denly
7. *Mother's Birthplace,* Centreville Md
8. *Full Name of Father,* Samuel Dudley
9. *Father's Occupation,* Lebeur in general
10. *Father's Birthplace,* Kilkinna Md

Name of Medical Attendant, or other person who makes this Return. Annie Dungan 628 N Bethel St

Address, 628 Bethel St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 25th 1889
4. *Place of Birth, (Street and Number)* Baltimore Street No 1080
5. *Full Name of Mother,* Annie Maloney
6. *Mother's Maiden Name,* Annie Badahan
7. *Mother's Birthplace,* Texas
8. *Full Name of Father,* Edward Maloney
9. *Father's Occupation,* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 112 Callender Street Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14535

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 25th 1889
4. *Place of Birth, (Street and Number)* 1715 Hosher Street
5. *Full Name of Mother,* Anna Richards
6. *Mother's Maiden Name,* Anna Clarke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph H. Richards
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14536

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 25/89
4. *Place of Birth, (Street and Number)* No 613 S. Ann St
5. *Full Name of Mother,* Laura Dolan
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Dolan
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Extract Regulations of the Health Department to become a part of the Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 A 14537
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 25 — 89
4. *Place of Birth, (Street and Number)*	1135 Hilton
5. *Full Name of Mother,*	Mary Power
6. *Mother's Maiden Name,*	Mary Arnett
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Wise
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Frank G. Morgan M.D.
Address,	4 So. Exeter St.
Remarks,	

HEALTH DEPARTMENT SEP

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child A. 14538

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 25th /89.
4. Place of Birth, (Street and Number) # 34 Fremont St.
5. Full Name of Mother, Mollie Randahl
6. Mother's Maiden Name, Bauer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jacob Randahl.
9. Father's Occupation, Iron Clad. Paint dealer.
10. Father's Birthplace, Howard. Co.

Name of Medical Attendant, or other person who makes this Return. Annie Linder

Address, # 116. S. Howard St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1930
BALTIMORE

A. 14639

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25
4. *Place of Birth, (Street and Number)* 1229 Her Strit
5. *Full Name of Mother,* Anna Hohermann.
6. *Mother's Maiden Name,* Rauhuth
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Julius Hohermann
9. *Father's Occupation,* Leber
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other person who makes this Return. Mis P Luersmann

Address, Her Strit 1225

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

932- J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE, MD.

A. 146240

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 25th 1889
4. *Place of Birth, (Street and Number)* 1817 N. Balto st
5. *Full Name of Mother,* Jennie D. Williamson
6. *Mother's Maiden Name,* Jennie F. Salmon
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William T. Williamson
9. *Father's Occupation,* Car Inspector
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. F. T. Benson M.D.

Address, 1147 Hollins st

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	~~Female~~ Male
2. Race or Color, (if not of the white race)	White. A. 145 41
3. Date of Birth,	Aug 25/89
4. Place of Birth, (Street and Number)	329 Penna ave Extd 3rd Floor
5. Full Name of Mother,	Mary Johnson
6. Mother's Maiden Name,	Mary Messersmith
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo B Johnson
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	A C Polk
Address,	2102 Madison Ave.
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th **A.** 14542

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25, 1889.
4. *Place of Birth, (Street and Number)* Markeys Street
5. *Full Name of Mother,* Mary Ann Sullivan
6. *Mother's Maiden Name,* Mary Ann Kern
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Daniel Sullivan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.

Address, 931 Frederick Ave Ext.

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14543

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 25th 1889
4. *Place of Birth, (Street and Number)* Baltimore City 714 Green St
5. *Full Name of Mother,* Mary Shyeamp
6. *Mother's Maiden Name,* Mary mubby
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank Shyeamp
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, No 716 West St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1454

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	26th August 1889
4. *Place of Birth, (Street and Number)*	751 Lober Stret
5. *Full Name of Mother,*	Tena Parker
6. *Mother's Maiden Name,*	Tena Fountain
7. *Mother's Birthplace,*	Denton Caroline County
8. *Full Name of Father,*	David Parker
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Accomac County
Name of Medical Attendant, or other Person who makes this Return.	Mary S. Richardson
Address,	315 Light Street
Remarks,	Mother and Child doing well.

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th **A.** 14545

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 26th
4. *Place of Birth, (Street and Number)* 506 Little Green St
5. *Full Name of Mother,* Margaretta McCaghy
6. *Mother's Maiden Name,* Margaretta Ingram
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Henry McCaghy
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Portdown County Armagh Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegond Slifer

Remarks, 641 So Paca St

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child A 14576
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 26th 1889
4. *Place of Birth, (Street and Number)*	No. 2231 Frederick ave
5. *Full Name of Mother,*	Mrs Maggie Fuhr
6. *Mother's Maiden Name,*	Miss Maggie Meyer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Henry Fuhr
9. *Father's Occupation,*	Paper Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child A. 1454
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 26th 1889
4. *Place of Birth, (Street and Number)*	No 1942 McHenry Str
5. *Full Name of Mother,*	Mrs Mary Smith
6. *Mother's Maiden Name,*	Miss Mary Young
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Smith
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	pl A. 14548
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 26th 1889.
4. *Place of Birth, (Street and Number)*	142 Aisquith St
5. *Full Name of Mother,*	Edith McAbee
6. *Mother's Maiden Name,*	" Parsons
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles McAbee
9. *Father's Occupation,*	Clerk B. & O. R. R. Co.
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D. W. Cathell M.D.
Address,	1308 N. Charles St.
Remarks,	

BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14549

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) ~~Ch~~ 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 26th/89
4. Place of Birth (Street and Number) 508 St Paul Street
5. Full Name of Mother Mary C Henninger
6. Mother's Maiden Name " " Shubert
7. Mother's Birthplace Bamberg Germany
8. Full Name of Father William S. Henninger
9. Father's Occupation Tanner
10. Father's Birthplace Newark N. J.

Name of Medical Attendant, or other Person who makes this Return. Frank W Germon M D

Address 322 N Greene St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White 14550
3. Date of Birth, 26th August 1889
4. Place of Birth, (Street and Number) 4 Jackson st Homestead
5. Full Name of Mother, Mollie Schriefer
6. Mother's Maiden Name, Mollie Burgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Schriefer
9. Father's Occupation, Gator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdalene Burn

Address, 1600 N. Chester st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1889 BALTIMORE MD.

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A. 14551

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 26 1889
4. *Place of Birth, (Street and Number)* 1623 N Gilmor
5. *Full Name of Mother,* Kate Haughey
6. *Mother's Maiden Name,* Kaufman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Haughey
9. *Father's Occupation,* Drivr -
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadler MD

Address, 2100 Druid Hill Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14557 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 26/89
4. *Place of Birth, (Street and Number)* N° 52 S. Ann St
5. *Full Name of Mother,* Kate Trautfelder
6. *Mother's Maiden Name,* Horn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Trautfelder
9. *Father's Occupation,* Corker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, N° 405 N. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 14553

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 26 1889
4. *Place of Birth, (Street and Number)* 909 Eden St
5. *Full Name of Mother,* M. Burkerdin
6. *Mother's Maiden Name,* M. Gabelacher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* F. Burkerdin
9. *Father's Occupation,* Iron Molder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 S. Monument

Remarks, All Well

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1320 Shields Alley
4. Place of Birth, (Street and Number) 26 of August
5. Full Name of Mother, Catherine Johnson
6. Mother's Maiden Name, " McClay
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Robert Johnson
9. Father's Occupation, Laboring
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Hester Cotanee

Address, 509 West Preston

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 2 A 1455

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 26th
4. Place of Birth, (Street and Number) 1436 Bank st.
5. Full Name of Mother, Carrie Crist
6. Mother's Maiden Name, " Lisa
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Crist
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenhagen

Address, 418 S. Paca st.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14586

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* August 26th 1889
4. *Place of Birth, (Street and Number)* York Road near first Toll gate
5. *Full Name of Mother,* } not obtainable
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Burrows
9. *Father's Occupation,* Stable hand
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return A. G. Hoen

Address, 713 York Road

Remarks, Mother died of Typhoid – Husband can not be located at present

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14553 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 26 89
4. *Place of Birth, (Street and Number)* No 431 S. Durham St
5. *Full Name of Mother,* Kate Wolfermann
6. *Mother's Maiden Name,* Hubert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wolfermann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ln

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 **A.** 14558

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 26 1889
4. *Place of Birth, (Street and Number)* No 335 Lombard St
5. *Full Name of Mother,* Maggie Mylier
6. *Mother's Maiden Name,* Link
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Mylier
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumax

Address, No 1727 W Lombard St

Remarks,

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 6 1929 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 14539

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 26 / 89.
4. *Place of Birth, (Street and Number)* 1523 Aisquith
5. *Full Name of Mother,* Mary E. Welsh
6. *Mother's Maiden Name,* Sothoron
7. *Mother's Birthplace,* ~~Balto.~~ Anne Arundel Co. Md.
8. *Full Name of Father,* Wm H. Welsh Jr.
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. D. O. Smith, M.D.

Address, 1821 Madison Ave.

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE, MD.

A. 14660

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug. 26 - 1889 "
4. *Place of Birth, (Street and Number)*	846 Columbia Av "
5. *Full Name of Mother,*	Charlotte Spoerer.
6. *Mother's Maiden Name,*	" Scheidt -
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Charles Spoerer.
9. *Father's Occupation,*	Coach - Maker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	R. J. H. Tall. M.D.
Address,	524 Spruce St
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14361

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* Monday 2 1889
4. *Place of Birth, (Street and Number)* orlan street 1743 baltimore Md
5. *Full Name of Mother,* Mrs Mary anderson
6. *Mother's Maiden Name,* mary Wilson
7. *Mother's Birthplace,* queens county piney neck Md
8. *Full Name of Father,* tomas anderson
9. *Father's Occupation,* hod carrs
10. *Father's Birthplace,* queens county piney neck Md

Name of Medical Attendant, or other Person who makes this Return. George anner webb

Address, 24 orlon alley broadway and lombard st

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 1562

1. Sex, (state whether male or female) female.
2. Race or color, (if not of the white race) Colard
3. Date of Birth, 26 of Aug.
4. Place of Birth, (Street and Number) Baltimore and 135 Hill st.
5. Full Name of Mother, Bell Hamson.
6. Mother's Maiden Name, Bell Roddy.
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Ramison.
9. Father's Occupation, Hailer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Hilda grace.

Address, 229 york st

Remarks,

been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. CLUNY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. **A.** 14563

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Aug. 26. 1889
4. *Place of Birth, (Street and Number)* 2026 E. Biddle
5. *Full Name of Mother,* Mrs. Annie Mary Black Beatty
6. *Mother's Maiden Name,* Mrs " " Black
7. *Mother's Birthplace,* Oxford Pa. ~~Md~~
8. *Full Name of Father,* David Wesley Beatty
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Chesapeake City Md

Name of Medical Attendant, or other person who makes this Return. G. G. Kirk M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

[illegible] duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 26th '89 10 50 PM A. 14564
4. *Place of Birth, (Street and Number)* Maternité
5. *Full Name of Mother,* Mrs Sallie Clarke
6. *Mother's Maiden Name,* Sallie Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy Maternité

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 14665

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* of the Colored race
3. *Date of Birth,* 26th. August
4. *Place of Birth, (Street and Number)* 1038. Pulmore ally
5. *Full Name of Mother,* Mary E. Gordon
6. *Mother's Maiden Name,* Mary E Wallace
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William E. Gordon
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Lisbon

Name of Medical Attendant, or other person who makes this Return. Annie M Brown

Address, 936. Druid Hill ave

Remarks, Both mother and baby getting along nicely

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
BALTIMORE

Name: John Paul Kleiderlein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child A. 14566

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) B
3. Date of Birth, 26 August
4. Place of Birth, (Street and Number) Ensor Street No 1204
5. Full Name of Mother, Kate H Kleiderlein
6. Mother's Maiden Name, = Roserberger
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John H Kleiderlein
9. Father's Occupation, machinist
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Avenue

Remarks,

WM. J. C. DULANY & CO., CITY-PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH, SEP 1890 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child A. 14567
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 26th 89
4. *Place of Birth, (Street and Number)*	# 566 Frederick Ave.
5. *Full Name of Mother,*	Sara Hodgkinson.
6. *Mother's Maiden Name,*	" " Hildabrand
7. *Mother's Birthplace,*	Carroll Co.
8. *Full Name of Father,*	George W. Hodgkinson.
9. *Father's Occupation,*	Cattle driver.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindsay
Address,	# 106 S. Monroe St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14568

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th - 1889.
4. Place of Birth, (Street and Number) 1834 Hope St.
5. Full Name of Mother, Mrs. Clara Ford
6. Mother's Maiden Name, ~~Mrs~~ Clara Brooks
7. Mother's Birthplace, City of Phila. Pa.
8. Full Name of Father, George Thomas Leo. Ford.
9. Father's Occupation, ~~Collector~~ Laborer
10. Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Martha Foster

Address, 1518 Aisquith St.

Remarks, Mother and Child doing well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14569

No. of Children of Mother, (state whether 1st, 2d, 3d, &c.) 1st Lab.

1. *Sex (state whether male or female),* Females
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 27th '89
4. *Place of Birth (Street and Number),* Hosp. Good Samaritan
5. *Full Name of Mother,* Mary Conway
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Illegitimate
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. H. R. Winchester M. D.

Address, Hospital Good Samaritan

Remarks, The above is a case of twins.

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Aug 27th 1883
4. *Place of Birth, (Street and Number)* 515 Madeselly
5. *Full Name of Mother,* Maggie Botz.
6. *Mother's Maiden Name,* " " Delmon.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Botz
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1844 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 14571

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug. 27th 1889.
4. *Place of Birth, (Street and Number)* 1301 N. Exeter St.
5. *Full Name of Mother,* Josephine Stokes.
6. *Mother's Maiden Name,* Bahlman.
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* John Stokes.
9. *Father's Occupation,* Clothing Cutter.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dunn Hillegeist

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 145 1/2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug 27 - 89
4. *Place of Birth (Street and Number),* 1306 Valley St
5. *Full Name of Mother,* Lydia Moore
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Harford Co
8. *Full Name of Father,* Jefferson Moore
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Harford Co

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A. 14573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	# 27 Aug. 1889
4. *Place of Birth, (Street and Number)*	# ~~1911~~ 911 N. Calhoun St.
5. *Full Name of Mother,*	Elmira J. Duer
6. *Mother's Maiden Name,*	Fitzhugh
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Rufus A. Duer
9. *Father's Occupation,*	Marine
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTER OF BIRTHS SEP 6 1889

WM. J. C. KULKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A. 14674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Wanton~~ Wheeler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 27th 1889
4. *Place of Birth (Street and Number),* 1047 Aisquith
5. *Full Name of Mother,* Ellar Wheeler
6. *Mother's Maiden Name,* Cromwell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Wheeler
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1286 E. Preston

Remarks,

SEP 1889

[illegible] the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 9-21-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Robert Kenly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II **A.** 14575

1. Sex, (state whether male or female) Boy
2. Race or color, (if not of the white race) white
3. Date of Birth, 27th August 1889.
4. Place of Birth, (Street and Number) Bethelstr. #725
5. Full Name of Mother, Gency Choines
6. Mother's Maiden Name, " Kenly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Kenly
9. Father's Occupation, Photograph
10. Father's Birthplace, Calafornien

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler Midwife

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 14576
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 27th 1889
4. Place of Birth (Street and Number),	707 St Paul St
5. Full Name of Mother,	Archie Dorney
6. Mother's Maiden Name,	Annie McDermott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Martin Joseph Dorney
9. Father's Occupation,	Auditor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	H. A. Goodman M.D.
Address,	410 Hanover St
Remarks,	City

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child A 1457
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 27th 1889
4. *Place of Birth, (Street and Number)*	No 106 Payson Str
5. *Full Name of Mother,*	Mrs Lillian Haussen
6. *Mother's Maiden Name,*	Miss Lillian Schipperling
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Frederick Haussen
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14578

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* August 27th 1889
4. *Place of Birth,* (*Street and Number*) N. W. Cor Market Space & Second St.
5. *Full Name of Mother,* Mary R. Stromberger
6. *Mother's Maiden Name,* " " Allen
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* George H. Stromberger
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A. Gregg Thertzer Md.

Address, 1102 E Balto St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14579

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* 8.27.89.
4. *Place of Birth, (Street and Number)* 1724 W. Franklin St
5. *Full Name of Mother,* Mary Catherine Lilly
6. *Mother's Maiden Name,* Reisinger
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Geo. L. Lilly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Ellen Eastman

Address, 772 W. Lexington

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14580

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 27 1889
4. *Place of Birth, (Street and Number)* 1216 Holland ave
5. *Full Name of Mother,* R Shaw
6. *Mother's Maiden Name,* R Whittley
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* H. Shaw
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, M. S Bull

Address, 1205 E. Monument St.

Remarks, All Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 14581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 of August.
4. Place of Birth, (Street and Number) 551 Oxford Street
5. Full Name of Mother, Jannie Griffin
6. Mother's Maiden Name, " Carr
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Bazzel Griffin
9. Father's Occupation, Waiter
10. Father's Birthplace, Queenstown

Name of Medical Attendant, or other person who makes this Return Hester Colaince

Address, 509 West Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A 14587

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 27th 89
4. Place of Birth, (Street and Number) 702 W Franklin St.
5. Full Name of Mother, Mary Nordhoff
6. Mother's Maiden Name, Mary Loewer
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward E. Nordhoff
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller. M.D

Address, 609 Franklin St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

[illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

SEVEN NAME ADDED 8-3-54

14583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Pembrooke Gahan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 27, 1889 A.
4. Place of Birth, (Street and Number) Balto. Md. ~~Margaret~~ 313 Preston St.
5. Full Name of Mother, Margaret Gahan
6. Mother's Maiden Name, Margaret Casserly
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Gahan
9. Father's Occupation, Hostler
10. Father's Birthplace, Texas Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wooden

Address, 936 Greenmount Ave.

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29th 89 6.50 PM A. 1468
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Daisy Norris
7. *Mother's Birthplace,* N. J.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,* Not Known

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res. Phy. Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name – William B. Hill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child **A.** 14585

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th August 1889
4. *Place of Birth, (Street and Number)* 114 Amity st
5. *Full Name of Mother,* Sarah R. Hill
6. *Mother's Maiden Name,* Sarah R Reisinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James H Hill
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 14886
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 27-89
4. *Place of Birth, (Street and Number)*	1027 N. Ann St
5. *Full Name of Mother,*	Rosa Lee. Barress
6. *Mother's Maiden Name,*	" " York
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas H. Barress
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 Mc Donogh
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) A. 14587

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* Aug 28th 1889
4. *Place of Birth (Street and Number),* 1714 Druid Hill Ave
5. *Full Name of Mother,* Nyana Amanda Christley
6. *Mother's Maiden Name,* Dowden
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Lewis Randall Christley
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price M. D. ~~etc~~

Address, 953 Madison Ave

Remarks,

The sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child. 14588

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 28th of August 1859.
4. Place of Birth, (Street and Number) 2424 Jefferson Street.
5. Full Name of Mother, Margaretha Ruez.
6. Mother's Maiden Name, Margaretha Koch.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Koch.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel at Jos Justina Kunkel

Remarks, Healthy.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 14589

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	born the 28th of August
4. *Place of Birth (Street and Number)*	No 1106. W. Pratt Street
5. *Full Name of Mother*	Henrietta Wolff
6. *Mother's Maiden Name*	Henrietta Klumpp
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Gustav Wolff
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Berlin Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ruth Cohlodr
Address	No 1206 W. Pratt St.
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14590

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th ?

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* German- Italian
3. *Date of Birth,* Aug 28th 1889
4. *Place of Birth, (Street and Number)* 801 Madison Ave
5. *Full Name of Mother,* Mrs Antoni
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Antoni
9. *Father's Occupation,* Fruitseller
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return AK Bond MD

Address, 311 W. Biddle St

Remarks,

...any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 28/89
4. Place of Birth, (Street and Number) 438 E. Federal St
5. Full Name of Mother, Annie R Gorman
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mark F. Gorman
9. Father's Occupation, Supt. Sewers
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mark F. Gorman

Address,

Remarks,

A 14591

[illegible] registered [illegible] birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 114593

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 28th 1889
4. Place of Birth (Street and Number)	934 Hollins St
5. Full Name of Mother	Mary D. Gibson
6. Mother's Maiden Name	" Doyle
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John H. Gibson
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McCormick M.D.
Address	1421 Eutaw Place
Remarks	Normal labor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 9 **A.** 14593

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of August 1889
4. *Place of Birth, (Street and Number)* 321 Dawson Ally
5. *Full Name of Mother,* Rachel Jedricks
6. *Mother's Maiden Name,* Racheal Blake
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Thomas Jedricks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick City

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street.

Remarks, Mother and Child doing well

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14594

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* femail
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 28
4. *Place of Birth, (Street and Number)* 1802 Pena ave
5. *Full Name of Mother,* Beartha Shullhouse
6. *Mother's Maiden Name,* Beartha Wolski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles P. Shullhouse
9. *Father's Occupation,* Sigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Donnely

Address, 1635 Walsh St

Remarks, none

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. POLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven Child A 14595

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 day of August
4. *Place of Birth, (Street and Number)* Baltimore Hanover St 1526
5. *Full Name of Mother* Ella Irvin Causey
6. *Mother's Maiden Name,* Ella Irvin Kefet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Edgar Causey
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Denny 903 Leach alley

Address, 1526 Hanover St

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 14696
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Aug 28" 89
4. *Place of Birth, (Street and Number)*	1175 Bowen st
5. *Full Name of Mother,*	Rose Carrick
6. *Mother's Maiden Name,*	" Hook
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Carrick
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second **A.** ~~14596~~ 14597.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* (Wednesday) Aug 28th 89
4. *Place of Birth, (Street and Number)* 604 Lee St
5. *Full Name of Mother,* Elizabeth Corieri
6. *Mother's Maiden Name,* Elizabeth, Palacardo
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Dominic Corieri
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, Park Ave & Cumberland St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-26-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reva Marshall

14598

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 28th 1889
4. *Place of Birth, (Street and Number)* 927 Pearl
5. *Full Name of Mother,* Fannie Marshall.
6. *Mother's Maiden Name,* Walker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Agustus Marshall
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Robert Woolmer, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 14599

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28, 1889
4. Place of Birth, (Street and Number) 422 Peach St
5. Full Name of Mother, Lizzie Woolmer
6. Mother's Maiden Name, " Ament
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Robert Woolmer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, GIVEN NAME ADDED 6-5-53 h.m.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14800

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 28 1889
4. *Place of Birth, (Street and Number)* Baltimore Md 1133 Sharp St
5. *Full Name of Mother,* Mallie E. Garrison
6. *Mother's Maiden Name,* Mallie E Hanna
7. *Mother's Birthplace,* Newmarket Frederick Co
8. *Full Name of Father,* Ayler S Garrison
9. *Father's Occupation,* Steward at Hospital
10. *Father's Birthplace,* Eastern Shore Virginia

Name of Medical Attendant, or other person who makes this Return. Catherine Minnick

Address, 700 Leadenhall Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. A. 14601

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 28, 1888.
4. Place of Birth, (Street and Number) Res. 1712 Hanford ave
5. Full Name of Mother, Katie Multhaup.
6. Mother's Maiden Name, Katie Smith.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Michael Multhaup.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell M. D.

Address, 1741 Hanford ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A-14607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1st Baltimore Md

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* august 28 th
4. *Place of Birth, (Street and Number)* Bolton ale 2200
5. *Full Name of Mother,* Mary Lizzie Stafford
6. *Mother's Maiden Name,* Mary Lizzie Hurley
7. *Mother's Birthplace,* Saint Mary County
8. *Full Name of Father,* John Stafford
9. *Father's Occupation,* house bricklayer
10. *Father's Birthplace,* Easton Shore taylors island Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mollie Banks

Address, 930 n - Eutaw st

Remarks,

SEP 5 1906 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14603

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 28 – 89
4. *Place of Birth, (Street and Number)* 1704 Thames
5. *Full Name of Mother,* Josephine Kraft.
6. *Mother's Maiden Name,* " Begeholtz
7. *Mother's Birthplace,* a
8. *Full Name of Father,* Henry E Kraft
9. *Father's Occupation,* Collector –
10. *Father's Birthplace,* a.

Name of Medical Attendant, or other Person who makes this Return. Frank C. Brussler

Address, 1713 Bank St.

Remarks, Child lived about 7 hrs – being a 7mo child.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

A. 14604

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 28/89
4. *Place of Birth, (Street and Number)* No. 413 S. Washington St.
5. *Full Name of Mother,* Maggie Lewald
6. *Mother's Maiden Name,* Appel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Lewald
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No. 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 14605
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 28-89
4. *Place of Birth, (Street and Number)*	941 N. Ann St
5. *Full Name of Mother,*	Ella No. Polk
6. *Mother's Maiden Name,*	" " Peters
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Fred. J. Polk
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Aelwell
Address,	912 McDonough St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child **A.** 14606

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of August 1889
4. *Place of Birth, (Street and Number)* Number 28 North Poppleton St
5. *Full Name of Mother,* Elizabeth M. Wess
6. *Mother's Maiden Name,* Elizabeth M. Graham
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Bernard Wess
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23 N. Poppelton St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child A. 14607

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 28th/89.
4. Place of Birth, (Street and Number) # 125 S. Gilmore St.
5. Full Name of Mother, Elisabeth Schwartz.
6. Mother's Maiden Name, " " " List.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frederick Schwartz.
9. Father's Occupation, Grocery & Feed. dealer
10. Father's Birthplace, Windenberg.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 116. S. Monroe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE CITY

A. 14608

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 August
4. *Place of Birth, (Street and Number)* 1632 Milleman St
5. *Full Name of Mother,* Mary Winter
6. *Mother's Maiden Name,* " Mehlis
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Winter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Albrig

Address, 1502 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1929 BALTIMORE

A 11609

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Twenty eight 28 August.
4. *Place of Birth, (Street and Number)* # 646 Wyeth Ave
5. *Full Name of Mother,* Catherine Geary
6. *Mother's Maiden Name,* " Kennedy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Geary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Bangel

Address, 711 Cross St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1939 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd A 11610

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 28 1889
4. *Place of Birth, (Street and Number)* No 27 Clairmont Ave
5. *Full Name of Mother,* Agusta Meile
6. *Mother's Maiden Name,* Sorg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Meile
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C Dumas

Address, No 921 W Lombard St

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 14611

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 28th
4. *Place of Birth, (Street and Number)* 2228 E. Lombard St.
5. *Full Name of Mother,* Emma Rohman
6. *Mother's Maiden Name,* Emma Grecken
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rohman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

HEALTH DEPARTMENT SEP 1929 BALTIMORE

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 **A** 14612

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug 29 /89/ 7¼ P.M
4. *Place of Birth, (Street and Number)* 210 E. Cross St
5. *Full Name of Mother,* Elvira Elizebeth Winters
6. *Mother's Maiden Name,* Elvira Elizebeth Lewis
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jacob William Winters
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return: Mrs Conway

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd A 14613

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ~~Aug~~ 29. 1889
3. *Date of Birth,* Aug 29. 1889
4. *Place of Birth, (Street and Number)* 301 N. Chester St.
5. *Full Name of Mother,* Mrs. Virginia Bozler Wilson
6. *Mother's Maiden Name,* Miss Virginia Bozler
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* James H. Wilson
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Link M. D.

Address, 1900 E. Balt. St.

Remarks, Natural Delivery

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 11161H

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 8/29/1889
4. Place of Birth, (Street and Number) 1311 Holland St
5. Full Name of Mother, Ella J Stevens
6. Mother's Maiden Name, " Batchelor
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo B Stevens
9. Father's Occupation, R R Fireman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. M. A. Satterfield

Address, 225 S Ann St

Remarks, Mother and Child doing Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 11615

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, 29th of August 1829
4. Place of Birth, (Street and Number) 1017 Gelan court
5. Full Name of Mother, anna ~~S~~ Saulett
6. Mother's Maiden Name, Saulett
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Sanford Johnson
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address, 616 Eliton ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th **A.** 14616

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 29th
4. *Place of Birth (Street and Number),* No 1103 Cooksie st
5. *Full Name of Mother,* Mary Schafer
6. *Mother's Maiden Name,* Mary Kaa
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Edward J. Shafer.
9. *Father's Occupation,* Labourer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Downward M.D.

Address, 1509 Clement St

Remarks, Premature Birth 6 Months

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14617

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 29 1889
4. *Place of Birth, (Street and Number)* No 223 E. West pt
5. *Full Name of Mother,* Emmer L. MacCormick
6. *Mother's Maiden Name,* Emmer L. Taylor
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Phillip J. MacCormick
9. *Father's Occupation,* Telegraph Operater
10. *Father's Birthplace,* Sandy Hook's md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 South Charles pt

Remarks,

Mother, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

A 14618

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29 th 1889
4. *Place of Birth, (Street and Number)* 1362 Carey Street
5. *Full Name of Mother,* Laura Dubreil
6. *Mother's Maiden Name,* Laura Brunner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arnold Dubreil
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wisenzell

Address, 1503 Pennsylvania Ave

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14619

HEALTH DEPARTMENT SEP 6 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th Aug 88
4. *Place of Birth, (Street and Number)* 2413 Arch St
5. *Full Name of Mother,* Lily Brashears
6. *Mother's Maiden Name,* Lily Parker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johny Brashears
9. *Father's Occupation,* Cabaret
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. R. Heldmann M.D.

Address, 254 Park St Baltimore

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

A-14620

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 29/89
4. *Place of Birth, (Street and Number)* No 1832 Bank St.
5. *Full Name of Mother,* Minnie Seibel
6. *Mother's Maiden Name,* Bitter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Seibel
9. *Father's Occupation,* Cigarr-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

[illegible] month, and until set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 14621

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* August 29. 1889
4. *Place of Birth (Street and Number)* No 5. 83 Walnut Alley
5. *Full Name of Mother* Marey Whipped
6. *Mother's Maiden Name* Marey Mares
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Andrues Whipped
9. *Father's Occupation* a Laborer
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Zeller No 538 Beddel Alley

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 14622

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 29th 1889
4. Place of Birth (Street and Number), 21 N Bond St
5. Full Name of Mother, Ida Smith
6. Mother's Maiden Name, Ida Miller
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Chas Edward Smith
9. Father's Occupation, Farm labourer
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. J. Blake Bradley M.D.

Address, 2152 9 N Bond St

Remarks,

The Wieners Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 114673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 29/89

4. Place of Birth, (Street and Number) 1126 Russell Baltimore

5. Full Name of Mother, Mary Ann Sonquet

6. Mother's Maiden Name, Mary Ann Johnson

7. Mother's Birthplace, Cambridge Md

8. Full Name of Father, Henry Sonquet

9. Father's Occupation, Drayman

10. Father's Birthplace, Accomack Co Va.

Name of Medical Attendant, or other Person who makes this Return. Catherine Kiley

Address, 1126 Russell St

Remarks,

SEP 3 1889 BALTIMORE

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14624

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored 1889: 1.0. Clock am
3. Date of Birth, august 29th 1889
4. Place of Birth, (Street and Number) 1517 Mulkin Street
5. Full Name of Mother, Emma Bundy
6. Mother's Maiden Name, - - - Taylor
7. Mother's Birthplace, Maryland Kent County Eastern Shore
8. Full Name of Father, Wm R Bundy
9. Father's Occupation, Driver
10. Father's Birthplace, ESS[illegible] County Virginia

Name of Medical Attendant, or other Person who makes this Return. George anna Webb

Address, [illegible]24 Iron alley

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 4
1. *Sex, (state whether male or female)*	Male A. 11626
2. *Race or Color, (if not of the white race)*	white German Descent.
3. *Date of Birth,*	29th August, 1889.
4. *Place of Birth, (Street and Number)*	#420. W. Lexington St.
5. *Full Name of Mother,*	Amalia Lamp
6. *Mother's Maiden Name,*	" Ernst.
7. *Mother's Birthplace,*	Jena Germany
8. *Full Name of Father,*	Paul R. Lamp.
9. *Father's Occupation,*	Bertender
10. *Father's Birthplace,*	Bavarian Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs E Seebach
Address,	785 W Pratt St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W 14626

3. *Date of Birth,* August 29th 1889.

4. *Place of Birth, (Street and Number)* No 1301 N. Stricker

5. *Full Name of Mother,* Mary Stich

6. *Mother's Maiden Name,* Mary Kohn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Conrad L. Stich

9. *Father's Occupation,* Druggist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Mensendiek

Address, No 1507 Penna Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A. 14627

1. *Sex (state whether male or female),* Femal
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Aug. 29 1889.
4. *Place of Birth (Street and Number),* No. 511 Carlton st.
5. *Full Name of Mother,* Prude Burres.
6. *Mother's Maiden Name,* Prude Renols.
7. *Mother's Birthplace,* Middletown Va.
8. *Full Name of Father,* Soloman Renols.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Middletown Va.

Name of Medical Attendant, or other person who makes this Return. Charlotte Proctor.

Address, *511 Carlton st.

Remarks,

...ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 **A** 14628

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 29 — 1889
4. *Place of Birth, (Street and Number)* 904 Granby
5. *Full Name of Mother,* Mary Gertrude Easterfelt
6. *Mother's Maiden Name,* Lego
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm F. Easterfelt
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Fratt St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 1 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frast child A. 14629

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29, 1889.
4. *Place of Birth, (Street and Number)* Potamacq st. 11.12
5. *Full Name of Mother,* Mary Ellen Friedel
6. *Mother's Maiden Name,* Mary Ellen Noon
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* August Friedel
9. *Father's Occupation,* Can Capper.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Lierremann

Address, Her Strit 1225

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth **A.** 14630

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 29 - 89
4. *Place of Birth, (Street and Number)* 414 N Caroline
5. *Full Name of Mother,* Charlotte J. Schine
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H. Shine
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. (Mrs) Mary A. Allwell

Address, 912 McDonogh St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A ~~14632~~ 14631

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male,
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Aug 30th 1889,
4. *Place of Birth (Street and Number),* 1216. Holland St,
5. *Full Name of Mother,* Marion, Davis,
6. *Mother's Maiden Name,* Marion Goldman.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Jos. Davis,
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland,

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309 N Exeter St

Remarks,

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LA 14632

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30
4. *Place of Birth, (Street and Number)* 675 Shelby St
5. *Full Name of Mother,* Mary O'Brien
6. *Mother's Maiden Name,* Mary Sulivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael O'Brien
9. *Father's Occupation,* Shoe Worker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Duncan Hunter

Address, 23 N Payne St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14633

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 30/89
4. *Place of Birth, (Street and Number)*	1225 W Lombard st. Balto
5. *Full Name of Mother,*	Mary E, Cook
6. *Mother's Maiden Name,*	" " Buhman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Cook
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Gunzler
Address,	217 North Schroeder St.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

A 146344

1. Sex, (state whether, male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 30, 1889
4. Place of Birth, (Street and Number) No. 1423 Cohen St.
5. Full Name of Mother, Mrs. Catharine B. Kirchgessner
6. Mother's Maiden Name, Miss Catharine B. Ellenger
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr. Henry G. Kirchgessner
9. Father's Occupation, Teamster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Clendinen M.D.

Address, 1710 East Fayette St Cor. Broadway

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14635

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th one birth twin

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 30
4. Place of Birth, (Street and Number) 1211 William St
5. Full Name of Mother, Catharine A Whelette
6. Mother's Maiden Name, Catharine A Hutton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Whelette
9. Father's Occupation, Laundry Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Every birth which shall occur in Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician or midwife, within ten days after the occurrence of such birth, and in case there shall be no attending physician or midwife, then the same shall be reported within ten days by the householder or owner of the premises where such birth occurred. A record of the birth of any child born after the passage of this ordinance, and of any child born prior thereto, and not registered, shall be made upon the presentation of the certificate of the attending physician or midwife, or, in case there was no attending physician or midwife, upon the statement of the householder or owner of the premises where such birth occurred, or of the parent of such child, or of the child when of age, under such rules and regulations as may be established by the Board of Health. The certificate of birth required to be given by the attending physician or midwife shall be upon a blank to be furnished by the Registrar of Vital Statistics, and shall contain the information hereinafter required, as far as the same can be ascertained from the parent or parents, or other person having charge of the child, and shall be signed by the person giving the information. The Registrar of Vital Statistics shall furnish blank certificates of birth to physicians, midwives and others who may apply therefor, and shall keep a record of the certificates issued by him, and of the returns made to him of births. The Registrar of Vital Statistics shall furnish to each midwife who shall have been duly licensed by the Board of Health a book containing blank certificates of birth, and shall keep a record of the books issued by him. Every midwife to whom a book of blank certificates of birth shall be issued shall keep a record of the certificates issued therefrom, and shall report to the Registrar of Vital Statistics, on the first day of each and every month, the certificates issued by her during the preceding month, and shall return with such report the book containing the certificates issued by her during the preceding month. Every midwife who shall have been duly licensed by the Board of Health shall report to the Registrar of Vital Statistics, on the first day of each and every month, the births which have occurred under his or her care

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14636

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 30th 1889
4. *Place of Birth, (Street and Number)*	409 Spring St
5. *Full Name of Mother,*	Rosa Gael
6. *Mother's Maiden Name,*	" Strautenberger
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	John Gael
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mary Waller
Address,	503 N Gay Ave
Remarks,	

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14637

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 30th 1889
4. *Place of Birth, (Street and Number)* 6 St Huntingdon Ave
5. *Full Name of Mother,* Catherine Woods
6. *Mother's Maiden Name,* Spicker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Woods
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return. Chas E. Sadtler M.D

Address, 2000 Druid Hill Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Children A 11638

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 30, 1889.
4. *Place of Birth, (Street and Number)* Baltimore 1434 Block St.
5. *Full Name of Mother,* Mary Meehans
6. *Mother's Maiden Name,* Mary McLindon
7. *Mother's Birthplace,* London England.
8. *Full Name of Father,* William Meehans
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* London England

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address, 1447 Block St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3td A 14639

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 30th 1889
4. *Place of Birth, (Street and Number)* 202 Enloes al
5. *Full Name of Mother,* Agnes G. Fields
6. *Mother's Maiden Name.* . . . Hardy
7. *Mother's Birthplace,* Balimore Md
8. *Full Name of Father,* Douglas Fields.
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child **A** 14640

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30th 1:45 P.M. 1882
4. *Place of Birth, (Street and Number)* 1012 E. Avenue
5. *Full Name of Mother,* Elizabeth Jordel
6. *Mother's Maiden Name,* E. Heinzeman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Edward Jordel
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, James E. Donnelly M.D.

Address, 1701 E Baltimore St

Remarks,

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 St A. 14641

1. Sex, (state whether male or female) male Child
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 7. 30 th. August
4. Place of Birth, (Street and Number) No 628 N. Bethel
5. Full Name of Mother, Hunter Harris
6. Mother's Maiden Name, Hunter Wickes
7. Mother's Birthplace, Baltimore St County md
8. Full Name of Father, Nelson Harris
9. Father's Occupation, Waiter
10. Father's Birthplace, [redacted] Harford County md

Name of Medical Attendant, or other person who makes this Return. Mr Annie Hunter

Address, No. 628 N. Bethel St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. A. 14642

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Brown Skin.
3. *Date of Birth* Aug 30, 1889.
4. *Place of Birth, (Street and Number)* 1114 Shields Alley.
5. *Full Name of Mother,* Annie Taylor.
6. *Mother's Maiden Name,* Annie Trumford.
7. *Mother's Birthplace,* Snow Hill Worcester Co.
8. *Full Name of Father,* Samuel P. Taylor.
9. *Father's Occupation,* Lumber Wagon.
10. *Father's Birthplace,* Girdletree Worcester Co.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Gasper St.

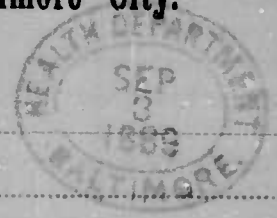
Remarks,

[illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 14643

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 30 — 1883
4. *Place of Birth, (Street and Number)* 527 S. Chapel St.
5. *Full Name of Mother,* Mary L. W. Hastler
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Hastler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14644

(state whether 1st, 2d, 3d, &c.) 5th

ale or female) Male

of the white race) White

Aug 30 1889

et and Number) 2010 E Lombard St

Mary J. Watson

ne, Mary J. Glenn

Baltimore

James E Watson

Watchman

Baltimore

endant, or other person who makes this Return. M A Davenport

Remarks, Mother & Child doing well

August - 30th.

5th. Child.

Boy.

2010 East Lombard St.

SEP 4 1889

BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d Child

1. Sex, (state whether male or female) Male **A.** 11645

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30th 1889

4. Place of Birth, (Street and Number) Balto. Md. 1011 Forest place

5. Full Name of Mother, Mary Ellen Stuck

6. Mother's Maiden Name, Mary Ellen Callaghan

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles William Stuck

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, 936 Greenmount ave

Remarks,

HEALTH DEPARTMENT SEP 8 1889 BALTIMORE

...ns of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 14646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 31, 1887.
4. Place of Birth, (Street and Number) 1404 N. Bond St.
5. Full Name of Mother, Johanna Louisa
6. Mother's Maiden Name, Schulberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bernhardt Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return, E. L. Howard M.D.

Address, 939 W. Fayette St.

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 14647

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 August 1889
4. *Place of Birth, (Street and Number)* 646 Lexington St.
5. *Full Name of Mother,* Annie Bennett
6. *Mother's Maiden Name,* Annie Long
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Bennett
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hesenzch

Address, 1507 Penna Avenue

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A. 14648

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31st 8 20 A.M. 1889
4. Place of Birth, (Street and Number) 11 S Ann St
5. Full Name of Mother, Elizabeth Elvira Zaun
6. Mother's Maiden Name, E. E. Bergen
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Ibn Zaun
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. James E Dinnelle M D

Address, 1701 E Baltimore St

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five A 11469

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown skin
3. *Date of Birth,* 31 of august 1889
4. *Place of Birth, (Street and Number)* 516 Walnut ally
5. *Full Name of Mother,* Gertude Johnson
6. *Mother's Maiden Name,* Gertude Mosley
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* James Cross
9. *Father's Occupation,* a farmer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address, 616 E Clinton ave

Remarks,

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parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 11650

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 3, 1889

4. Place of Birth, (Street and Number) 2727 Penna av.

5. Full Name of Mother, Mrs Nordell

6. Mother's Maiden Name, Laura Crook

7. Mother's Birthplace, Balto

8. Full Name of Father, Preston Nordell

9. Father's Occupation, Car Conductor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. ~~2102~~ A C Pole

Address, 2102 Madison av

Remarks,

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14651

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 31 August
4. *Place of Birth, (Street and Number)* 710 Cider alley
5. *Full Name of Mother,* Bertha Dorsey
6. *Mother's Maiden Name,* Warfield
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Lewis Dorsey
9. *Father's Occupation,* Water
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Mrs Cornish

Address, 841 Boyd St

Remarks,

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14652

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 31st 1889
4. *Place of Birth, (Street and Number)* Guttman Ave City anex.
5. *Full Name of Mother,* Catherine Wagner
6. *Mother's Maiden Name,* " Lentz
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* John Wagner
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. R G Rankin M.D.

Address, # 811 Jefferson Av. Waverly City

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14653

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31st
4. *Place of Birth, (Street and Number)* 610 Chestnut Alley
5. *Full Name of Mother,* Flora Fiske
6. *Mother's Maiden Name,* Flora Bindermann
7. *Mother's Birthplace,* 505 Preston st Baltimore
8. *Full Name of Father,* Charles Edward Fiske
9. *Father's Occupation,* Neckwear Cutter
10. *Father's Birthplace,* 512 Pearl st Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs W Maennel Midwife

Address, 928 Penna Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Aug. 31 1889
4. *Place of Birth (Street and Number),*	701 Gorsuch Av.
5. *Full Name of Mother,*	Cora Myers
6. *Mother's Maiden Name,*	Smith.
7. *Mother's Birthplace,*	Philadelphia Pa.
8. *Full Name of Father,*	Chas Henry Myers.
9. *Father's Occupation,*	None.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. T. Monmonier M.D.
Address,	634 Gorsuch Av.
Remarks,	

that shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14655

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 August
4. Place of Birth, (Street and Number) 1311 Hillmann st.
5. Full Name of Mother, Anna Marie Lump
6. Mother's Maiden Name, = Trittrief
7. Mother's Birthplace, Nassau. Reingau
8. Full Name of Father, Georges Lump
9. Father's Occupation, = stoncutter
10. Father's Birthplace, Thessen. Viederappenfeld

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 728 Central St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) f third child

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* 1603 mount St
4. *Place of Birth, (Street and Number)* August, 31, 1889
5. *Full Name of Mother,* Mary Thomason
6. *Mother's Maiden Name.* Mary Rullum
7. *Mother's Birthplace,* Fredrick Co Va
8. *Full Name of Father,* allen thomas
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mary Cogmes

Address, 1121 Saratoga St

Remarks.

A 14656

HEALTH DEPARTMENT, OCT 1 1889

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	B 4th A 14657
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	August 31st 1899
4. *Place of Birth, (Street and Number)*	318 N. Amity st
5. *Full Name of Mother,*	Emma Kennard
6. *Mother's Maiden Name,*	Emma Barry
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Thomas Kennard
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mary Walsh
Address,	653 N. Broadway
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and th
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an
third day of each and every month to the office of the Commissioner of Health. In case the birth of any chil
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person le
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of su
child to report its birth to the Commissioner of Health, in the manner and within the period above required, a
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sul
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverab

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the A. 14608

1. *Sex, (state whether ~~male~~ or female)*

2. *~~Race or Color~~, (if not of the white race)*

3. *Date of Birth,* Saturday August 31st. 5 o'clock. morning 1889

4. *Place of Birth, (Street and Number)* # 513 S. Howard st

5. *Full Name of Mother,* Augusta Paul

6. *Mother's Maiden Name,* " Hohnen

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Paul

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 200 Leadenhall Street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. and the place of birth; and the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth A. 14659

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 31 — 89
4. *Place of Birth, (Street and Number)* 44 N Caroline St
5. *Full Name of Mother,* Nannie Tyler
6. *Mother's Maiden Name,* " Briscoe
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Thomas J. Tyler
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14660

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) & A 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3 / 1889
4. *Place of Birth, (Street and Number)* 1225 Preston St.
5. *Full Name of Mother,* M. C. Donnald
6. *Mother's Maiden Name,* E. Devlin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. C. Donnald.
9. *Father's Occupation* Balto
10. *Father's Birthplace,* Carpenter

Name of Medical Attendant, or other person who makes this Return, W. A Butt

Address, 1460 Monument or. Central Ave

Remarks, All Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14661

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31. of August
4. *Place of Birth, (Street and Number)*	429 Pulaski
5. *Full Name of Mother,*	Johane Beijer
6. *Mother's Maiden Name,*	Johane Belt
7. *Mother's Birthplace,*	Bremen
8. *Full Name of Father,*	John Beijer
9. *Father's Occupation,*	Schoemacker
10. *Father's Birthplace,*	Bremen
Name of Medical Attendant, or other person who makes this Return,	Fredericke Keuler Midwife
Address,	2176 West Pratt
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Aug. 21. 1887
4. *Place of Birth, (Street and Number)* 1029 Argyle Avenue
5. *Full Name of Mother,* Cora Sohl
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Geo. A. Sohl
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. M. Brewer M.D.

Address, 1106 McCulloh St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 1 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child A 14663
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 31st 1889
4. *Place of Birth, (Street and Number)*	Light St. No 1741
5. *Full Name of Mother,*	Bridget Belger
6. *Mother's Maiden Name,*	Bridget Fleman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Belger
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E. A. Tully
Address,	No. 1828 Light St
Remarks,	doing well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
8
1905
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) to 5 A. 14664

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August.
4. *Place of Birth, (Street and Number)* Homestead
5. *Full Name of Mother,* L. Williams
6. *Mother's Maiden Name,* L. Samson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* P. Williams
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M. L Burt

Address, 1248 E. Monument St.

Remarks, All Well.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14666

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* August 31st 1889.
4. *Place of Birth, (Street and Number)* #1925 E. Monument street.
5. *Full Name of Mother,* Sophia L. Wisebaugh
6. *Mother's Maiden Name,* Sophia L. Seidensticker.
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John W. Wisebaugh
9. *Father's Occupation,* Baker man
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Dr. John Dorn.

Address, #335. N Chester st.

Remarks, Forceps delivery.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children A. 14666

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* color
3. *Date of Birth,* 31 of ogust
4. *Place of Birth, (Street and Number)* 5-13 Waing street
5. *Full Name of Mother,* Sarh. Robing
6. *Mother's Maiden Name,* Sarh Gray
7. *Mother's Birthplace,* Colvert country
8. *Full Name of Father,* Charley Robing
9. *Father's Occupation,* Sail lou
10. *Father's Birthplace,* West ing

Name of Medical Attendant, or other person who makes this Return. Milley Gross

Address, 229. York street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14667

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 31st 1889
4. *Place of Birth, (Street and Number)* 9 Little Pine St
5. *Full Name of Mother,* Annie Snowden
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Illitegenate
9. *Father's Occupation,* —
10. *Father's Birthplace,* — —

Name of Medical Attendant, or other Person who makes this Return Minty Taylor

Address, 672 Sarah Ann

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 14668

1. Sex, (State whether ~~male or female~~).
2. Race or color, (if not of the white race) White
3. Date of Birth, June 24th 1889
4. Place of Birth, (Street and Number) 611 E. Lombard st.
5. Full Name of Mother, Emily Robberto
6. Mother's Maiden Name, Bassett
7. Mother's Birthplace, England
8. Full Name of Father, Nicolina Robberto
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Reported by

Address, Emily Robberto Mother

Remarks,

...nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ...n conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...tendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Second

A. 14669

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feb. 17th 1889
4. Place of Birth, (Street and Number) 1411 Linden Ave.
5. Full Name of Mother, Lizzie Southall Gunther.
6. Mother's Maiden Name, Lizzie Southall
7. Mother's Birthplace, Albemarle Co. Va.
8. Full Name of Father, L. W. Gunther Jr.
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. C. F. Brown Med

Address, 807 Cathedral St Balto Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14670

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colorde
3. *Date of Birth,* June 6 1889
4. *Place of Birth (Street and Number),* Hughes st 124
5. *Full Name of Mother,* Rebecca Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Edward Forty
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore. M. D.

Name of Medical Attendant, or other person who makes this Return. Amie Thomson.

Address, Cross st 962.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (~~state whether~~ male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 29th 1889
4. *Place of Birth, (Street and Number)* 117 Carroll ave -
5. *Full Name of Mother,* Margareth Edna Haynes
6. *Mother's Maiden Name,* " " Rider
7. *Mother's Birthplace,* Emmitsburg, Md.
8. *Full Name of Father,* Wolbert H. Haynes
9. *Father's Occupation,* Store
10. *Father's Birthplace,* - Baltimore City -

Name of Medical Attendant, or other Person who makes this Return A. G. Heaen Md

Address, 713 Fork Road

Remarks,

BALTIMORE MD. NOV 29 1889 PARTNER

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the A 14677

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Juny
4. Place of Birth, (Street and Number) 2714 Eamon St
5. Full Name of Mother, Juliane Christ
6. Mother's Maiden Name, = Orth
7. Mother's Birthplace, Dürfeld (Bavaria)
8. Full Name of Father, August Christ
9. Father's Occupation, Kepper
10. Father's Birthplace, Westpreußen.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 o'clock a.m. June 25th 1889
4. *Place of Birth, (Street and Number)* No 908 Pennsylvania Ave.
5. *Full Name of Mother,* Ella E. Tully
6. *Mother's Maiden Name,* Ella E. Sharpley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James E Tully
9. *Father's Occupation,* Manufacturer of Cigars
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Dumler

Address, 217 Schroeder St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 14674

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 25 1889.
4. Place of Birth, (Street and Number) chappele st 19
5. Full Name of Mother, fadirikh pitterich
6. Mother's Maiden Name,
7. Mother's Birthplace, Garmeny
8. Full Name of Father, frank pitterich
9. Father's Occupation, Talor
10. Father's Birthplace, Germeny

Name of Medical Attendant, or other person who makes this Return. Mary Koptus

Address,

Remarks, 205 wasitan st

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required. shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge in child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

BALTIMORE MD. OCT 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Charle **A** 44675

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1889
4. *Place of Birth, (Street and Number)* Esquite st # 506
5. *Full Name of Mother,* Millie Gurevitch
6. *Mother's Maiden Name,* Millie Harris
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moris Gurevitch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Scherman

Address, Albemarle st N 103

Remarks,

AUG 1 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, with the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child A 14676

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jun 26
4. *Place of Birth, (Street and Number)* Caroline ste No 408
5. *Full Name of Mother,* Amanda Schlereth
6. *Mother's Maiden Name,* Amanda Lines
7. *Mother's Birthplace,* Bucks County Pa
8. *Full Name of Father,* Joesph Schlereth
9. *Father's Occupation,* Basket Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, 327 South Bond

Remarks,

[illegible] have occurred under his or her care during the [illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14677

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1895
4. Place of Birth, (Street and Number) 2534 Canton ave.
5. Full Name of Mother, Sarah Jane Chiswell
6. Mother's Maiden Name, Pierman
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Wm. David Chiswell
9. Father's Occupation, Laborer
10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Lucia Chiswell

Address, 2134 Canton ave.

Remarks, Live Born

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14678

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 3rd. 1889
4. *Place of Birth, (Street and Number)*	1216 Jackson St.
5. *Full Name of Mother,*	Annie Weber
6. *Mother's Maiden Name,*	Annie Dittrich
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Ferdernard Weber
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Calvert & Preston Sts.
Remarks,	

Every Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th **A** 14679

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1889
4. *Place of Birth, (Street and Number)* 1427 N Mount St
5. *Full Name of Mother,* Mary Douglass
6. *Mother's Maiden Name,* Shephard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Benj. F. Douglass
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 1701 N Carrollton Ave.

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin A. 14680

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1889
4. *Place of Birth, (Street and Number)* 2035 Wilkens Ave
5. *Full Name of Mother,* Annie Ricketts
6. *Mother's Maiden Name,* Heaner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Ricketts
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N Carrollton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14681

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 5th 1889
4. *Place of Birth, (Street and Number)* 31 St Annes ave
5. *Full Name of Mother,* ~~Heslen~~ Annie May Higgins
6. *Mother's Maiden Name,* " " Heslen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Michael J Higgins
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return A. G. Heron M.D.

Address, -713 Fork Road-

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14682

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1889
4. *Place of Birth, (Street and Number)* 1710 N. Franklin St.
5. *Full Name of Mother,* Fanny Stumrichouse
6. *Mother's Maiden Name,* Mae
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jas. R. Stumrichouse
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. John Neff MD.

Address, 701 N. Carrollton Ave

Remarks,

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14683

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1889
4. *Place of Birth, (Street and Number)*	1329 Hillman St.
5. *Full Name of Mother,*	Mary A Hopper
6. *Mother's Maiden Name,*	Mary A. Bien
7. *Mother's Birthplace,*	Portsmouth Va.
8. *Full Name of Father,*	Thomas Hopper
9. *Father's Occupation,*	Employee at City Hall (Fireman)
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Calvert & Preston Sts.
Remarks,	

Section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner aforesaid within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd A 14684

NAME OF CHILD: CLYDE EUGENE LOOSE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1889
4. Place of Birth, (Street and Number) 518 Baker street
5. Full Name of Mother, Maggie Losie (MARGARET HEINLEIN)
6. Mother's Maiden Name, (Maggie Kunkline)
7. Mother's Birthplace, Baltimore
8. Full Name of Father, JOHN WESLEY LOOSE (Earnest Losie)
9. Father's Occupation, Gilder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs R Heinzelle

Address, 1507 Pennsylvania Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Bell Gosnell

A 14685

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th 1889
4. *Place of Birth, (Street and Number)*	Light st.
5. *Full Name of Mother,*	Mollie Gosnell
6. *Mother's Maiden Name,*	Mc Henry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. Scott Gosnell
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st.
Remarks,	

SEP 16 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the father shall [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14686

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 9th. 1889
4. *Place of Birth, (Street and Number)*	827 Neighbor St.
5. *Full Name of Mother,*	May Cole
6. *Mother's Maiden Name,*	May Finnigan
7. *Mother's Birthplace,*	Balt. Md
8. *Full Name of Father,*	John H. Cole
9. *Father's Occupation,*	Stone Cutter,
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Calvert & Preston Sts.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 14687

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14/89
4. *Place of Birth, (Street and Number)* 1703 Edmondson Ave
5. *Full Name of Mother,* Annie L Bowyer
6. *Mother's Maiden Name,* Annie Anderson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Millard Bowyer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. M A Carter M.D.

Address, 1800 N. Balto St.

Remarks,

The same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 1468 A.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15 1889
4. *Place of Birth, (Street and Number)* 414 North Dallas Street
5. *Full Name of Mother,* Lena Brooks
6. *Mother's Maiden Name,* ~~Lane~~ Lena Barnes
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Ellis Brooks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Cambridge Mass

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White,
3. *Date of Birth,*	Jan 6 1889
4. *Place of Birth (Street and Number),*	906 mulberry
5. *Full Name of Mother,*	Mrs. Ettie Heald
6. *Mother's Maiden Name,*	" Silver
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Heald
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	T. C. Worthington M.D.
Address,	816 W Fayette St
Remarks,	Baltimore

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTRAR'S DEPARTMENT OCT 29 1889 BALTIMORE

The Baltimore Publishing Co., City Printers and Stationers

[illegible] NAME ADDED 1-6-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lawrence Gold Patrick 2nd

A. 114690

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 19th 1889
4. *Place of Birth (Street and Number),* 640 N. Carey St
5. *Full Name of Mother,* Julia A. Patrick
6. *Mother's Maiden Name,* Gold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert D. Patrick
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks, E. M. Free M.D. 602 N. Carey St

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 14691

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 25. 1889.
4. *Place of Birth, (Street and Number)* 303 Wolf st
5. *Full Name of Mother,* Annie Mc. Eldrige
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Mc. Eldrige
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	July 26th 1889
4. *Place of Birth, (Street and Number)*	# 602 W. Cross st
5. *Full Name of Mother,*	Mary Elizth Augesstite
6. *Mother's Maiden Name,*	Donahoe
7. *Mother's Birthplace,*	Mt. Washington Balto Co
8. *Full Name of Father,*	Jno Augesstite
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

A 1469

SEP 16 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before the courts and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14693

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, July 28th 1889
4. Place of Birth, (Street and Number) 126 Dover St
5. Full Name of Mother, Christiana Kludzykowska
6. Mother's Maiden Name, Christiana Kedzik
7. Mother's Birthplace, Germany
8. Full Name of Father, Leopold Kludzykowska
9. Father's Occupation, ~~Laborer~~ Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C W Correll M D

Address, 409 S. Sharp St

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-28-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Katherine Gerst A-14694

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd not 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th July
4. Place of Birth, (Street and Number) Baltimore 804 W. Pratt St
5. Full Name of Mother, Maria C. Gerst
6. Mother's Maiden Name, Maria C. Ermold
7. Mother's Birthplace, Germany
8. Full Name of Father, Fabian Gerst
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Dunzler

Address, 217 North Schroeder St.

Remarks,

...given concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14695

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 28 1889
4. *Place of Birth, (Street and Number)* 1702 Brunt St
5. *Full Name of Mother,* Alice Bishop
6. *Mother's Maiden Name,* " Rounds
7. *Mother's Birthplace,* Snow Hill Md Worcester County
8. *Full Name of Father,* Warter Bishop
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Snow Hill Md Worcester Co.

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 609 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14696

HEALTH DEPARTMENT SEP 5 89 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, July 30, 1889.
4. Place of Birth, (Street and Number) 409 Roland ave.
5. Full Name of Mother, Miraw M. Price.
6. Mother's Maiden Name, Miraw M. Bosley.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Daniel W. Price.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 Chestnut-ave. City

Remarks, Premature Child, Lived one hour. Mother in last stage of Phthisis. Since died

Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female A 1467
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 31st 87
4. Place of Birth (Street and Number),	845 Vine
5. Full Name of Mother,	Mrs. Elizabeth Youngkeen
6. Mother's Maiden Name,	" Schaefer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm " Youngkeen
9. Father's Occupation,	Wood Sawyer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	T C Worthington
Address,	840 W. Fayette St
Remarks,	

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

CERTIFICATE CORRECTED 8-2-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George M. Lawrence

A 14698

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* ~~(female)~~ Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 31 1889
4. *Place of Birth (Street and Number),* 515 Aisquith
5. *Full Name of Mother,* Henrietta Lawrence
6. *Mother's Maiden Name,* Warrick
7. *Mother's Birthplace,* Port Deposit Md
8. *Full Name of Father,* George Lawrence
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return. Mr. B. Billingsley

Address, 1206 E. Preston

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child **A.** 14699

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 31st. 12 noon
4. *Place of Birth, (Street and Number)* Liberty St. 125. Cor Lexington
5. *Full Name of Mother,* Ada Morgan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edward Nagel
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Rhode Island

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D

Address, 1701 E Baltimore St.

Remarks,

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 14700

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 31st 12 nov 1889
4. *Place of Birth, (Street and Number)* Lexington & Liberty St. Cor.
5. *Full Name of Mother,* — Moore
6. *Mother's Maiden Name,* — —
7. *Mother's Birthplace,* — — Dont Know
8. *Full Name of Father,* Edward Nagle
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Dont Know

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D

Address, 1701 E Baltimore St

Remarks,

---

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d. A. 1470
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	July 31st
4. *Place of Birth (Street and Number),*	527 W. Barre St
5. *Full Name of Mother,*	Ida Francis Bockelmann
6. *Mother's Maiden Name,*	Timpel
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John William Henry Bockelmann
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Wilhelmina Benisch
Address,	516 Peet St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 4702

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 31st 1889
4. *Place of Birth (Street and Number)* Second st between Guilford ave & Barclay st
5. *Full Name of Mother* Elizabeth Thompson
6. *Mother's Maiden Name* " Mahool
7. *Mother's Birthplace* Balti Co. Md.
8. *Full Name of Father* Magruder Thompson
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. James A Stewart Md

Address 611 Park ave

Remarks Natural - Three hours -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 5-9-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14703

Florida Kraft

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	August 24th 1889
4. Place of Birth, (Street and Number)	933 Ensor St
5. Full Name of Mother,	Ida M. Kraft
6. Mother's Maiden Name,	Keyser
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Kraft
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S. E. Cor Caroline & Eager Sts
Remarks,	

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Missing #A 14704

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14705

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or femle)* female
2. *Race or Color, (if not of the wite race)* white
3. *Date of Birth,* September 1. 1889.
4. *Place of Birth, (Street and Nuiber)* 119 market space
5. *Full Name of Mother,* Mary Catalon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Giacomo Catalon
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bernstein

Address, 122 S. Exeter st

Remarks,

been conferred) its sex, color, the full name of each child, if any shall said schedule shall be delivered, duly si... third day of each and every month to ... shall occur without the attendance of a ph... attendance upon the mother, immediately thereafter it shall ... child to report its birth to the Commissioner of Health in the manner and ... any such person or persons, who shall hereafter ... comply with the ... jected to the fine of ten (10) dollars for each offense, to be recovered ... the ... and forfeitures are recover...

1889. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

A. 1470.6

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 1st

4. *Place of Birth, (Street and Number)* 1015 Myrtle ave

5. *Full Name of Mother,* Mrs Mary Bouchat

6. *Mother's Maiden Name,* " Brownlein

7. *Mother's Birthplace,* City

8. *Full Name of Father,* August Bouchat

9. *Father's Occupation,* Brass finisher

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Henry F Hill Md.

Address, 1001 Edmondson ave

Remarks,

OCT 2 1889

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14707

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 1st 1889.
4. Place of Birth, (Street and Number) #3 15 N. Front St.
5. Full Name of Mother, Ranona Noonan.
6. Mother's Maiden Name, Crisuls.
7. Mother's Birthplace, England.
8. Full Name of Father, William Noonan.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Hillegeist

Address, #1038 E. Monument St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registr of Vital Statistics, Board of Health, Baltimore City.

A 14708

No. of Child of Mother, (state wether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or feale)* Female
2. *Race or Color, (if not of the hite race)* White
3. *Date of Birth,* Sept 1st 1889
4. *Place of Birth, (Street and Nmber)* # 204 Church st.
5. *Full Name of Mother,* Nora Myers.
6. *Mother's Maiden Name,* Nora Douglass
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Myers
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cottrell.

Address, 606 Hanover st

Remarks,

BRIGHT DEPARTMENT, OCT 1 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14704

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether ~~male~~ or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sept 1
4. *Place of Birth (Street and Number),* 1900 Druid Hill ave
5. *Full Name of Mother,* Mary Ellen
6. *Mother's Maiden Name,* Airy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* ~~Chas~~ Knell
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. M S Schell

Address, 1941 Druid Hill ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14710

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9			
1. *Sex, (state whether male or female)*	Boy			
2. *Race or Color, (if not of the white race)*	Colored			
3. *Date of Birth,*	9/1			
4. *Place of Birth, (Street and Number)*	202	Forest St	202	Forest St
5. *Full Name of Mother,*	Julia	Ann	Doner	Julia Ann Doner
6. *Mother's Maiden Name,*	Julia	Ann Jilly	Julia	Ann Jilly
7. *Mother's Birthplace,*	Baltimore		Md	
8. *Full Name of Father,*	James	Henry	Doner.	
9. *Father's Occupation,*	Brick	yard	Baltimore	Md.
10. *Father's Birthplace,*	Baltimore.			
Name of Medical Attendant, or other person who makes this Return.	Carryline	Gorder		
Address,	153	Last St		
Remarks,	Doing	Very	Well.	

Health. This schedule shall contain a list of the births which have occurred under his or her care during t... same on a blank schedule, to be furnished by the Commissioner ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall ha... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and t... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an... third day of each and every month to the office of the Commissioner of Health. In case the birth of any chi... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of su... child to report its birth to the Commissioner of Health, in the manner and within the period above required, an... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be su... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovera...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14711

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7 89
4. Place of Birth, (Street and Number) No 2318 Essex St
5. Full Name of Mother, Minnie Flemming
6. Mother's Maiden Name, Stern
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Flemming
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14712

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 7 89
4. *Place of Birth, (Street and Number)*	N° 1714 Alice Ann St
5. *Full Name of Mother,*	Kate Einsohutz
6. *Mother's Maiden Name,*	Roth
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Einsohutz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N° 405 S. Washington St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female Etta Mary.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 / September 1889
4. *Place of Birth, (Street and Number)* 601 Lea street
5. *Full Name of Mother,* Rosa Feder
6. *Mother's Maiden Name,* " Feder
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Feder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Ed Schesman

Address, Albemarle N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14714

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female. Lillie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 1st 1889
4. *Place of Birth, (Street and Number)* 1151 Lombard street.
5. *Full Name of Mother,* Esther Berger.
6. *Mother's Maiden Name,* " Davis.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Benjaman Berger.
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4th 89
4. *Place of Birth, (Street and Number)*	1617 S. Howard St
5. *Full Name of Mother,*	Sophia Anna Stockmeier
6. *Mother's Maiden Name,*	Rehling
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Fredrick Stockmeier
9. *Father's Occupation,*	Store
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Catherina Mundt
Address,	800 Leadenhall St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14726

SEP 11 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 1 September 1899
4. Place of Birth, (Street and Number) 606 St Joseph Palais Ave
5. Full Name of Mother, Mary Funk
6. Mother's Maiden Name, Mary Fuener
7. Mother's Birthplace, Germany
8. Full Name of Father, John Funk
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdele Bruno

Address, 600 N. Charles St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 14717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1889 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) Sec[redacted]

Sex (state whether Male or Female) Female.

Race or Color (if not of the white race) Colored.

Date of Birth Sept. 1st, 1889.

Place of Birth (Street and Number) 527 Hoffman Street.

Full Name of Mother Martha Ann ~~Thomas~~ V. Ringgold.

Mother's Maiden Name Martha Ann V. Thomas.

Mother's Birthplace Baltimore Md.

Full Name of Father Edward Ringgold.

Father's Occupation Porter.

Father's Birthplace Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia Johnson 434 S. Mary St

Address Baltimore Md.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14718

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 1745. S. Charles st
5. *Full Name of Mother,* Mary Agnes Haslup
6. *Mother's Maiden Name,* " " Rogers
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frankland Haslup
9. *Father's Occupation,* Driver Coal wagon
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Sewarty, German

Address, 434 ~~[illegible]~~ Fort Street

Remarks,

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14719

HEALTH DEPARTMENT SEP 14 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 1st, 89
4. *Place of Birth, (Street and Number)* N. Bond St City
5. *Full Name of Mother,* Mary Glazier maiden name
6. *Mother's Maiden Name,* Mary Rupert married name
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Martin Rupert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1603 Walker St. City

Remarks,

Register to such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14720

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 189
4. *Place of Birth, (Street and Number)* N° 418 S. Register St.
5. *Full Name of Mother,* Mary Bleck
6. *Mother's Maiden Name,* Spencer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Beck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krapf

Address, N° 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A.** 1477/21

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st
4. *Place of Birth, (Street and Number)* Dorsey Ave
5. *Full Name of Mother,* Lizzie Fargo
6. *Mother's Maiden Name,* Lizzie Deades
7. *Mother's Birthplace,* Anne Arundel Co
8. *Full Name of Father,* A B Fargo
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return. J B Mullins M D

Address, 931 Findlay Ave

Remarks, Baltimore Md.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 3 1889
BALTIMORE, MD.

A. 14722

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 September
4. *Place of Birth, (Street and Number)* 511 Asquith St
5. *Full Name of Mother,* Kunikunda Stuart
6. *Mother's Maiden Name,* Dumlar
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Stuart
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulrig

Address, 1309 Holland St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14723

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 September
4. *Place of Birth, (Street and Number)* 1318 Orleans St
5. *Full Name of Mother,* Sarah Wilmer
6. *Mother's Maiden Name,* Hosfield
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Wilmer
9. *Father's Occupation,* Carmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1309 S Holland St

Remarks,

[illegible] shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th.

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* x (Error) *18 Stone Hill, Mt. Vernon
4. *Place of Birth, (Street and Number)* x Sept. 1 - 1889.
5. *Full Name of Mother,* Mary C. Clarke.
6. *Mother's Maiden Name,* Mary C.
7. *Mother's Birthplace,* York, Pa.
8. *Full Name of Father,* Henry C. Clarke
9. *Father's Occupation,* Mason.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 295 - Chestnut ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex A. 14725

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st
4. *Place of Birth, (Street and Number)* No 41 S Shroder St
5. *Full Name of Mother,* Ellen Coolahan
6. *Mother's Maiden Name,* " Harrell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Malachy Coolahan
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs M. Harrigan

Address, 412 Scott St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14726

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of September
4. *Place of Birth, (Street and Number)* 310 Pulaski Str.
5. *Full Name of Mother,* Elise Waagner
6. *Mother's Maiden Name,* Elise Waagner
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* Henry Waagner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address, 2116 West Pratt Str.

Remarks,

HEALTH DEPARTMENT, OCT 1 1899

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 14727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Mary E~~ Johnson

1. Sex, (state whether male or female) Samuel Crawford Male male
2. Race or Color, (if not of the white race) colard
3. Date of Birth, september 2 born september 2
4. Place of Birth, (Street and Number) Munro street corner Edmonson
5. Full Name of Mother, mary E Johnson Charles Co md
6. Mother's Maiden Name, ...
7. Mother's Birthplace, Charles Co md
8. Full Name of Father, Samuel Crawford boston mass
9. Father's Occupation, Labore ~~schmatts~~
10. Father's Birthplace, Boston Massachusetts

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent ave near Balto

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 2 1897

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 14728

HEALTH DEPARTMENT OCT 1 1889

No. ... Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
3. Date of Birth,	September 2 1889
4. Place of Birth, (Street and Number)	957 Penn Avenue
5. Full Name of Mother,	Harriet V. Sullivan
6. Mother's Maiden Name,	Jordan
7. Mother's Birthplace,	Norfolk Va
8. Full Name of Father,	Wilfred N. Sullivan
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balt. City
Name of Medical Attendant, or other person who makes this Return,	Martin Brown M.D.
Address,	1106 McCulloh Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

A 14729

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 1889
4. *Place of Birth, (Street and Number)* 1000 Scott St
5. *Full Name of Mother,* Katharine Schmitt
6. *Mother's Maiden Name,* Katharine Stengler
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Rudolf Schmitt
9. *Father's Occupation,* Saloon.
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 7 Cross St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14730

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* September th 2d
4. *Place of Birth, (Street and Number)* Marshall st 1221
5. *Full Name of Mother,* Elizabeth Schulta
6. *Mother's Maiden Name,* Scharmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Schulta
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light st

Remarks,

HEALTH DEPARTMENT, OCT 1 1899 BALTIMORE CITY

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14731

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 2nd,
4. *Place of Birth, (Street and Number)*	Baltimore Cleveland St. No 1165
5. *Full Name of Mother,*	Christena Gross,
6. *Mother's Maiden Name,*	Christena Neumaster.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	~~Adam Gross~~ William Gross.
9. *Father's Occupation,*	Laborer Man.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bauge
Address,	711 Cross
Remarks,	

HEALTH DEPARTMENT OCT 1888 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14732

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race)

3. Date of Birth, Sept 2nd 1867

4. Place of Birth, (Street and Number) 1833 Harford ave.

5. Full Name of Mother, Anna Knight

6. Mother's Maiden Name, " " Nicholause

7. Mother's Birthplace, City

8. Full Name of Father, William Knight

9. Father's Occupation, Commission Merchant.

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bell

Address, 1714 Bank st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14733

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 Septembre
4. *Place of Birth, (Street and Number)* 1102 Greenmonth Av.
5. *Full Name of Mother,* Sabina Burche
6. *Mother's Maiden Name,* = Thilolela
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* Stephens Burche
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Av.

Remarks,

BALTIMORE, MD. OCT 3 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 2nd 1889
4. *Place of Birth, (Street and Number)* 1619 Hartford av
5. *Full Name of Mother,* Annie J. Bedford.
6. *Mother's Maiden Name,* " " Labeling
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert C. Bedford
9. *Father's Occupation,* Horse Trainor
10. *Father's Birthplace,* Buffalo N. Y.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14736

HEALTH DEPARTMENT SEP 14 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Eight Sep 1889
4. *Place of Birth, (Street and Number)* 104 Hollins Alley
5. *Full Name of Mother,* Clara V. Conway
6. *Mother's Maiden Name,* Clara V. Young
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Jesse B. Conway
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

[illegible] birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1 1736
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 2, 1889
4. *Place of Birth, (Street and Number)*	2029 Mannal St.
5. *Full Name of Mother,*	E. Rankland
6. *Mother's Maiden Name,*	E. Langley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	H. Rankland.
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. S. Bates
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	Well Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14737

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 2 89
4. Place of Birth, (Street and Number) 622 W Lombard St,
5. Full Name of Mother, Clara Morgan
6. Mother's Maiden Name, " "
7. Mother's Birthplace, " Maryland
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14738

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept 2nd '89
4. *Place of Birth, (Street and Number)*	624 W. Lemland St.
5. *Full Name of Mother,*	Susie Smith
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	L. E. Neale M.D
Address,	319 W. Monument St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-25-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Elizabeth Stonesifer Th

14739

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2nd 1889
4. *Place of Birth, (Street and Number)* Francis Street
5. *Full Name of Mother,* Mary Stonesifer
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Benjamin Stonesifer
9. *Father's Occupation,* Office N. O. R. R
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other Person who makes this Return C Marvin Dodson MD

Address, 1100 Lindsie Av

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14740

HEALTH DEPARTMENT SEP 11 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 september 1889
4. *Place of Birth, (Street and Number)* Chester st No 1426 Belaustre
5. *Full Name of Mother,* Minnie Giesing
6. *Mother's Maiden Name,* Minnie Kroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. Giesing
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene Bruns

Address, 1600 N. Chester st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2nd Dec
4. *Place of Birth, (Street and Number)*	930 Mc Donough st
5. *Full Name of Mother,*	Annie Wilhelm
6. *Mother's Maiden Name,*	" Staul
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Wilhelm
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N. Gay st
Remarks,	7th Month Child

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 14742
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 2nd 89
4. *Place of Birth, (Street and Number)*	543 Broad St
5. *Full Name of Mother,*	Elizabeth Reiter
6. *Mother's Maiden Name,*	Elizabeth Clarke
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm F. Reiter
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	B F. Phillips
Address,	735 N. Gilmor St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 September
4. Place of Birth, (Street and Number) 1018 Central Av.
5. Full Name of Mother, Emma Thuber ! nee Stanger
6. Mother's Maiden Name, Kunchberg Bavern
7. Mother's Birthplace, Michel Thuber
8. Full Name of Father,
9. Father's Occupation, Schoemacher
10. Father's Birthplace, Berchberg . Wurtemberg

Name of Medical Attendant, or other person who makes this Return. Anna Waller

Address, 928 Cent. Av.

Remarks, 1

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 147 44

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 2nd 1889
4. *Place of Birth, (Street and Number)* Chester St. no. 407
5. *Full Name of Mother,* Lucy McKay
6. *Mother's Maiden Name,* Lucy. Simkins
7. *Mother's Birthplace,* Sumerset County Md.
8. *Full Name of Father,* Ebeneza McKay birth place Scotland
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Chiswal

Address, 2438 Canton ave.

Remarks, live Born

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 2 1899

A 14745

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2 89.
4. Place of Birth, (Street and Number) 31 Hill St.
5. Full Name of Mother, Gertie Caplan.
6. Mother's Maiden Name, Gertie Hartsman
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Caplan
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas R Goldman

Address, 119 High St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A14746

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd
4. Place of Birth, (Street and Number) 527 Conway St
5. Full Name of Mother, Emma Mispelhorn
6. Mother's Maiden Name, Emma Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Mispelhorn
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Shifer

Remarks, 641 So Paca St

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B-14747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 8 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 2. 1889
4. Place of Birth, (Street and Number) 706. Druid Hill, ave,
5. Full Name of Mother, Mary A. Gunther
6. Mother's Maiden Name, Lautenbach
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Georgi A Gunther
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. M. Lumpkin M.D.

Address, 640 N. Paca

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14748

SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Sept. 2nd 1889.
4. *Place of Birth, (Street and Number)* 1335 N. Gay.
5. *Full Name of Mother,* Katie M Kilduff
6. *Mother's Maiden Name,* " " Koek
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* George S Kilduff
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway André M. D.

Address, 1123 E Baltimore st

Remarks, Instrumental

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14749

HEALTH DEPARTMENT
SEP
6
1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 2-89
4. Place of Birth, (Street and Number) Andre St 1423
5. Full Name of Mother, Kate Alexander
6. Mother's Maiden Name, Muka
7. Mother's Birthplace, Ungarn
8. Full Name of Father, Charles Alexander
9. Father's Occupation, Sleweder
10. Father's Birthplace, Ungarn

Name of Medical Attendant, or other person who makes this Return. Johanna Jonshe

Address, Garrett Av 1363

Remarks, Locust Point

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 14750

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP
1899
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 2nd 1899
4. *Place of Birth, (Street and Number)* Eastern Ave No 1023
5. *Full Name of Mother,* Marie Matthesens
6. *Mother's Maiden Name,* Maria Dannefelser
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Matthesens
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1451

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 September
4. *Place of Birth, (Street and Number)* 901 Friendship St
5. *Full Name of Mother,* Maggie Heiglaub
6. *Mother's Maiden Name,* Donnell
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Herman Heiglaub
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose Ulbig

Address, 1302 Hollander St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 14755

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 2d 89
4. Place of Birth, (Street and Number) 624 N. Canal
5. Full Name of Mother, Maggie Fehurr
6. Mother's Maiden Name, Maggie Boyle
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph A Fehurr
9. Father's Occupation, Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Buck G. Mayer M.D.

Address, [illegible]

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2
1889
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 14753

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 2nd
4. *Place of Birth, (Street and Number)* 433 S. Bond St.
5. *Full Name of Mother,* Gustine Kerna
6. *Mother's Maiden Name,* Gustine Hoos
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Kerna
9. *Father's Occupation,* Dentist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ulricke Goetzke

Address, 114 S. Bond St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. *Sex, (state whether male or female)* Male **A** 14754
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of September
4. *Place of Birth, (Street and Number)* 702 Cumberland Baltimore
5. *Full Name of Mother,* Laura B. Grimes
6. *Mother's Maiden Name,* Laura B Simmons
7. *Mother's Birthplace,* city of Baltimore
8. *Full Name of Father,* Lewis N. Grimes
9. *Father's Occupation,* Car Worker
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return. M. I. Shockney

Address, No 612 Cumberland St Baltimore

Remarks, Faithful Atendant

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 **A.** 14755

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sep 2th 1889
4. *Place of Birth, (Street and Number)* Baltimore City 714 West St
5. *Full Name of Mother,* Searea Mack
6. *Mother's Maiden Name,* Searea Reside
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Mack
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M Shaffer

Address, 716 West St

Remarks,

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP 4 1889
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 14756

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 2d
4. *Place of Birth (Street and Number)* 1201 W Baltimore St
5. *Full Name of Mother* Mary Franklin Driel
6. *Mother's Maiden Name* Mary Franklin
7. *Mother's Birthplace* England
8. *Full Name of Father* Carroll Driel
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Centreville Queen Annis Co Md

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneass

Address 1205 W Fayette St

Remarks

RETURN OF A BIRTH.

A 14457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 5 1889
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* Sep 2, 1889
4. *Place of Birth (Street and Number)* No. 559 Walnut alley
5. *Full Name of Mother* Mary Green
6. *Mother's Maiden Name* Mary Small
7. *Mother's Birthplace*
8. *Full Name of Father* James Green
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14758

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Sep 2
4. *Place of Birth, (Street and Number)* 621 Gilliert St
5. *Full Name of Mother,* Ellen Coleman
6. *Mother's Maiden Name,* Cokine
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Cokine
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Florda

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Carnish

Address,

Remarks, 871 Bayard St

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14759

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Sept 2d 1889
4. *Place of Birth, (Street and Number)* No 9. E. Lanvale St.
5. *Full Name of Mother,* Emma Margareth Geiwitz
6. *Mother's Maiden Name,* " " Stahl. Knecht
7. *Mother's Birthplace,* Norfolk. Va
8. *Full Name of Father,* Geo. Adolf. Ferd. Geiwitz.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Berlin, Germany.

Name of Medical Attendant, or other Person who makes this Return A. G. Horn

Address, 713 York Road

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14760

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 2 - 1889
4. *Place of Birth, (Street and Number)*	No 2509 Lancaster st
5. *Full Name of Mother,*	Lena Turkmyer
6. *Mother's Maiden Name,*	Gromencee
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Turkmyer
9. *Father's Occupation,*	Seamond
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	No 924 Bonney st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14761

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September second. 1889
4. *Place of Birth, (Street and Number)* 313 Parkin St
5. *Full Name of Mother,* Annie Elizabeth O'Laughlin
6. *Mother's Maiden Name,* " " Gesell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Francis O'Laughlin
9. *Father's Occupation,* Horse Oliver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 313 Parkin St Baltimore M.D.

Remarks, 23 N Poppleton St

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14762

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* September 3
4. *Place of Birth, (Street and Number)* Mayne St 211
5. *Full Name of Mother,* Harrison Holmes
6. *Mother's Maiden Name,* Herrison Gundy
7. *Mother's Birthplace,* Asacks County Virginia
8. *Full Name of Father,* Millen Holmes
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Asacks County Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr S. K. Jones

Address, I was unexspected cant in the hours with this

Remarks, laidy and compeled to perfourm said duteys She has ben blest with the best of times as yet

That any Physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE CITY SEP 17 1884 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14763

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* Sept 3d 1889
4. *Place of Birth (Street and Number),* 1732 Bolton St
5. *Full Name of Mother,* Mary S Sheppard
6. *Mother's Maiden Name,* Bartholow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Joseph Sheppard
9. *Father's Occupation,* Country Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias L Price M.D.

Address, 953 Madison Ave

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14764

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, September 3
4. Place of Birth (Street and Number), 433 druid hill ave
5. Full Name of Mother, pauline kirchner
6. Mother's Maiden Name, pauline Schaefer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, adam E kirchner
9. Father's Occupation, dairyman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. ~~Etta~~ ida Sadler

Address, 602 gold St

Remarks,

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1889

14765

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colord
3. Date of Birth,	Sept 4th 3rd
4. Place of Birth, (Street and Number)	2006 Mount St
5. Full Name of Mother,	Mattie Morsell
6. Mother's Maiden Name,	Mattie Forrester
7. Mother's Birthplace,	Calvert County Md
8. Full Name of Father,	Benjamin Morsell
9. Father's Occupation,	Cater & Driver
10. Father's Birthplace,	Calvert County Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Sarah Rollins
Address,	1610 Vincent Ave
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14766

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIII

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 3rd Septbr: 1869
4. *Place of Birth, (Street and Number)* S. Annen St: # 4.
5. *Full Name of Mother,* Margarethe Sonner
6. *Mother's Maiden Name,* " Jenkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Jenkins
9. *Father's Occupation,* Fruitpackers
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler midwife

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept 3rd 1889
4. *Place of Birth, (Street and Number)* 316 Wolf st
5. *Full Name of Mother,* Bertha Stolland
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Carol Stolland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Miss Eliza Betz

Address, 1744 Bank st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14768

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* ~~Fe~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 3rd 1889
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lizzie L. Kreider
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Not Known
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res. Phy. Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14769

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	september the 3 1889
4. *Place of Birth, (Street and Number)*	Lombard st 166
5. *Full Name of Mother,*	Anny C Childs
6. *Mother's Maiden Name,*	Anny C Shackleford
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Louis Childs
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Friendship Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	1022 Watkins Ave
Remarks,	

OCT 1 1889

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14770

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 3rd 1889
4. *Place of Birth, (Street and Number)* 507 Lawrence St.
5. *Full Name of Mother,* Susan A. Lorden
6. *Mother's Maiden Name,* " " Considine
7. *Mother's Birthplace,* Balto. Co. Md
8. *Full Name of Father,* Daniel A. Lorden
9. *Father's Occupation,* Depot. Master at. Union Sta
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 508 Aisquith St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1887
7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A- 1477

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	M
2. Race or Color (if not of the white race),	C
3. Date of Birth,	Sept 3rd 1887
4. Place of Birth (Street and Number),	906 Jordan Al
5. Full Name of Mother,	Emma Felton
6. Mother's Maiden Name,	Cornish
7. Mother's Birthplace,	Balto ?
8. Full Name of Father,	Saml Felton
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	North Carolina
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1 Mt Royal Terrace
Remarks,	Called in to help midwife.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14772

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septr. 3d 1889
4. *Place of Birth, (Street and Number)* 205 Division
5. *Full Name of Mother,* Mary H. Doyle
6. *Mother's Maiden Name,* Hoban
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Bernard Doyle
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. O. Christian, M.D.

Address, 1824 Madison Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14773

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3rd
4. Place of Birth, (Street and Number) 414 Perry St
5. Full Name of Mother, Annie Wilkenman
6. Mother's Maiden Name, Annie Clemens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodore Wilkenman
9. Father's Occupation, Packer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Heeligonda Slifer

Remarks, 641 So Paca

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations ...

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank scheduled to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 14774

1. *Sex, (state whether male or female)* Male Davis
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~905~~ 3. September 1889
4. *Place of Birth, (Street and Number)* 905 E. Pratt street
5. *Full Name of Mother,* Serah Spectar
6. *Mother's Maiden Name,* " Triger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Spectar.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks, Good

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14771

SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 31 1889
4. *Place of Birth, (Street and Number)* Dumbar 101 a
5. *Full Name of Mother,* Saphia Base
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohoimer
8. *Full Name of Father,* Joseph Base
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Bohtaman

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address,

Remarks, Wartington 205

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14776

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 3 1889
4. *Place of Birth, (Street and Number)* Bradfast ale 102
5. *Full Name of Mother,* Saphio Gitner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* garb Gitner
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address,

Remarks, Washington 205

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14777

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 3 1889
4. *Place of Birth, (Street and Number)* Castel 113
5. *Full Name of Mother,* Annie Velte
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carle Velte.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Shopter

Address,

Remarks, Warrington 105

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14778

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 3 1889
4. *Place of Birth, (Street and Number)* Magel 2113
5. *Full Name of Mother,* Mary Lether
6. *Mother's Maiden Name,* Soupinek
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Soupinek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, the first and third day of each and every month to the office of the Commissioner of Health, or should the other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 3/89
4. *Place of Birth, (Street and Number)*	N° 2240 Essex St.
5. *Full Name of Mother,*	Lina Mader
6. *Mother's Maiden Name,*	Willner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Mader
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N° 405 S. Washington Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14/80

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 8 1880
4. *Place of Birth, (Street and Number)*	Hull St cor 122d
5. *Full Name of Mother,*	Cathren Bannan
6. *Mother's Maiden Name,*	Cathrean deters
7. *Mother's Birthplace,*	Irland
8. *Full Name of Father,*	Dannead Bannan
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ethel
Address,	1619 Cuba St
Remarks,	Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14781

HEALTH DEPARTMENT SEP 5 1889 BALTIMORE

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)	
1. *Sex,* (~~*state whether male or*~~ *female*)	
2. *Race or Color,* (~~*if not of the*~~ *white race*)	
3. *Date of Birth,*	Sept. 3rd 89.
4. *Place of Birth,* (*Street and Number*)	657 W. Saratoga St.
5. *Full Name of Mother,*	Mary Lee Brittingham.
6. *Mother's Maiden Name,*	Mary Lee Carr.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Thomas G. Brittingham.
9. *Father's Occupation,*	Steward
10. *Father's Birthplace,*	Northampton Co. Va.
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Wood, M.D.
Address,	662 W. Lexington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child 14782
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 4th September 1889
4. *Place of Birth, (Street and Number)*	No 2120 Prince st city
5. *Full Name of Mother,*	Miss Knoopff
6. *Mother's Maiden Name,*	Miss Knoopff
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Knapp
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. A. 14783

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Sep. 4th.
4. Place of Birth, (Street and Number) Saratoga and Green St E. E Cor
5. Full Name of Mother, Adelaide H. Lewis
6. Mother's Maiden Name, Schad.
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank S. Lewis.
9. Father's Occupation, Dentist
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address, 315 W. Monument St

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report of Vital Statistics of the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 14784

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 4 1889
4. Place of Birth, (Street and Number) No 1254 Johnson st
5. Full Name of Mother, Sarah Jarrett
6. Mother's Maiden Name, Riley
7. Mother's Birthplace, a. a. cv Md
8. Full Name of Father, James Jarrett
9. Father's Occupation, Pilot on Steamer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. Walizer E. R. M.D.

Address, 1138 Battery ave City

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 2 1899

A 14185

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d-

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, September 4"
4. Place of Birth (Street and Number), No 1123 Saratoga St
5. Full Name of Mother, Lillie Arnold
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Francis Arnold,
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Edwin S. Alderdice

Address, N E Cor Columbia & Fremont Aves.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14786

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 4/89
4. *Place of Birth, (Street and Number)* 401 N Eutaw st
5. *Full Name of Mother,* Aggie Anderson
6. *Mother's Maiden Name,* Aggie Green
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Richd Anderson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. James Woodland

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14787

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4th 1889
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Clara Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J Todd M D

Address, Res Ry Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14788

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 4th of September.
4. Place of Birth, (Street and Number) Ladenhall St. #913.
5. Full Name of Mother, Louisa C. Heingerling.
6. Mother's Maiden Name, Louisa C. Lehmeier.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, August Heingerling.
9. Father's Occupation, Cooper.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Heinrich.

Address, Ladenhall & Montgomery Sts Tenement.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-15-19

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14789

Name: Ida Mae Towson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 4th 1819
4. Place of Birth, (Street and Number) Woodmansee Barclay St
5. Full Name of Mother, Ida ~~Woodmansel~~ Towson
6. Mother's Maiden Name, Ida Woodmansel
7. Mother's Birthplace, Connecticut
8. Full Name of Father, James O. Towson
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return R. W. Mefflin M.D

Address, 321 N. Paca St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Office Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP BALTIMORE

11790

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4 September 1889.
4. *Place of Birth, (Street and Number)*	907 Ralph St.
5. *Full Name of Mother,*	Helena Switzer
6. *Mother's Maiden Name,*	Rasch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Switzer
9. *Father's Occupation,*	Grocery Business
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Louisa Schmidt
Address,	528 N. Washington St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A14791

SEP 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1889
4. *Place of Birth, (Street and Number)* No 1648 South Charles St
5. *Full Name of Mother,* Mollie Jenkins
6. *Mother's Maiden Name,* Mollie Nelson
7. *Mother's Birthplace,* Baltimore city, md
8. *Full Name of Father,* John H Jenkins
9. *Father's Occupation,* Fireman Engine
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Ed. Hinton

Address, No 1608 South Charles st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14792

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept 4-89-
4. Place of Birth, (Street and Number) 504 Aisquith
5. Full Name of Mother, Emma Louise Bach
6. Mother's Maiden Name, " " Hahn
7. Mother's Birthplace, B. C
8. Full Name of Father, Chr Herman Bach
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Irving Miller M.D.

Address, 1207 E. Monument St

Remarks,

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14793

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4th. 89.
4. *Place of Birth, (Street and Number)* 17 N. Carrollton Ave.
5. *Full Name of Mother,* Katie Unclebach
6. *Mother's Maiden Name,* Katie McLaughlin
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William Unclebach
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohle, M. D.

Address, 1203 W. Fayette St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14794

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4 89
4. *Place of Birth, (Street and Number)* 209 N Pine St
5. *Full Name of Mother,* Kate T. Coon
6. *Mother's Maiden Name,* Kate T Mullen
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Michael J Coon
9. *Father's Occupation,* See 9 and Agricultural Business
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunton

Address, 23 N Poppleton St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4, 1889.
4. *Place of Birth, (Street and Number)*	314 Park ave.
5. *Full Name of Mother,*	C. Schur.
6. *Mother's Maiden Name,*	C. Schaum.
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	C. Schur
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	H. L. Bond
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	All Well.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.
14796

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 4 1896

4. *Place of Birth, (Street and Number)* 610 N. Eleigh st.

5. *Full Name of Mother,* Florence M. Ritter

6. *Mother's Maiden Name,* " " Byrd

7. *Mother's Birthplace,* Somerset Co. Md

8. *Full Name of Father,* John H. Ritter

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisquith-st.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14797

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male. Louis
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4. September 1889
4. *Place of Birth, (Street and Number)* 329 Pratt street
5. *Full Name of Mother,* Rosa Goldstien
6. *Mother's Maiden Name,* " Sugarman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Goldstien
9. *Father's Occupation,* Store - keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Ed Doherman

Address, Albemarle st n 103

Remarks, Good

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4th Sept 1889
4. *Place of Birth, (Street and Number)*	1513 Burrough St
5. *Full Name of Mother,*	Ella Collins
6. *Mother's Maiden Name,*	Dowling
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William J Collins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gewell
Address,	516 Font Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14799

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 4 1889
4. *Place of Birth, (Street and Number)*	Cookeee St Nor 14.44
5. *Full Name of Mother,*	Annie W Mead
6. *Mother's Maiden Name,*	Annie Perkins
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	Wilton Mead
9. *Father's Occupation,*	Labear
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14800

SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept 4/89
4. *Place of Birth (Street and Number),* 14 n. Bond st.
5. *Full Name of Mother,* Amanda J. Harris
6. *Mother's Maiden Name,* " " Meek
7. *Mother's Birthplace,* Balto. city
8. *Full Name of Father,* Geo. W. Harris
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D

Address, 129 S. Broadway

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14801

SEP 13 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	Sept. 4/89
4. *Place of Birth (Street and Number),*	514 s. Patterson PK. av.
5. *Full Name of Mother,*	Eva Gawthrop
6. *Mother's Maiden Name,*	Eva Riley
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Chas. T. Gawthrop
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14802

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept. 4 1889
4. *Place of Birth, (Street and Number)*	1128 Warner St
5. *Full Name of Mother,*	Elenora Brady
6. *Mother's Maiden Name,*	Elenora Smith
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	Israel Brady
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Calvert County
Name of Medical Attendant, or other person who makes this Return.	Abrilla Brooks
Address,	1132 Warner St
Remarks,	Not very well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14803

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~W~~ Colored
3. Date of Birth, 4 Sept 1889
4. Place of Birth, (Street and Number) 433 Mount Street
5. Full Name of Mother, Laura J. Johnson
6. Mother's Maiden Name, Laura " Hicks
7. Mother's Birthplace, Eastern Shore Maryland
8. Full Name of Father, Beauregard Johnson
9. Father's Occupation, Hodcarrier
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary J. Richardson

Address, 315 King Street

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14804

HEALTH DEPARTMENT SEP 4 1906 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 4th 06
4. *Place of Birth, (Street and Number)*	# 408 2nd St
5. *Full Name of Mother,*	Mrs Emma Bell Hawley
6. *Mother's Maiden Name,*	Emma B. Dick
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	Wm Henry Hawley
9. *Father's Occupation,*	Conductor N.C.R.R.
10. *Father's Birthplace,*	York Co Pa
Name of Medical Attendant, or other person who makes this Return.	George Lewis Staley
Address,	# 1625 N. Carrollton Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14805

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 4/89
4. Place of Birth, (Street and Number) N° 509 S. Ann St
5. Full Name of Mother, Dora Taylor
6. Mother's Maiden Name, Friedrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Taylor
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Krapf

Address, N° 405 S. Washington St.

Remarks,

OCT 7 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the parents or parent be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall within the period above required, and child to report its birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14806

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* 2 female
2. *Race or color, (if not of the white race)* Collard
3. *Date of Birth,* September 4th 87
4. *Place of Birth, (Street and Number)* 1015 Whitlock St City
5. *Full Name of Mother,* Anne Douglas
6. *Mother's Maiden Name,* Anne Tilden
7. *Mother's Birthplace,* Michaelsville Harford Co Md
8. *Full Name of Father,* Robert Douglas
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Madison Co Va

Name of Medical Attendant, or other person who makes this Return. Mary Edmund Dr Warner

Address, 1121 W. Saratoga St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

14807

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second Child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	4th day Sept.
4. *Place of Birth (Street and Number)*	No 110 South Madeira Alley
5. *Full Name of Mother*	Mrs Mary ~~Thomas~~ Smith
6. *Mother's Maiden Name*	Mrs Mary Thomas
7. *Mother's Birthplace*	Wilmington Delaware
8. *Full Name of Father*	Mr. William Smith
9. *Father's Occupation*	Whitewasher
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Thelen
Remarks	No 206 Madeira Alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CHECK NAME ADDED 3-28-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 14808

Dorothea Katherine Blass, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White,
3. Date of Birth, Sept. 5th 1889
4. Place of Birth (Street and Number), 240 N Eutaw St.
5. Full Name of Mother, Henrietta C. Blass,
6. Mother's Maiden Name, Henrietta C. Schachtel,
7. Mother's Birthplace, Balto City,
8. Full Name of Father, Jno. H. Blass,
9. Father's Occupation, Pharmacist
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. W. Chamberlain

Address, 309 N Eutaw St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Harry Buehler Morton

14809

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 5th 1889.
4. *Place of Birth, (Street and Number)* 1005 N. Stricker Street
5. *Full Name of Mother,* Isabella Buehler Morton
6. *Mother's Maiden Name,* " " Maloney
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Emile Morton
9. *Father's Occupation,* Steam Boat Captain
10. *Father's Birthplace,* Hunstock County N.C.

Name of Medical Attendant, or other Person who makes this Return J. C. Hummer

Address, 212 W. Franklin St

Remarks, GIVEN NAME ADDED. 2-19-52

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14810

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 5 - 89
4. *Place of Birth, (Street and Number)* Andre St 1409
5. *Full Name of Mother,* Emilie Fischer
6. *Mother's Maiden Name,* Pohl
7. *Mother's Birthplace,* Waldenburg - Sachsen
8. *Full Name of Father,* Heinrich Fischer
9. *Father's Occupation,* Maschinist
10. *Father's Birthplace,* Chemnitz - Sachsen

Name of Medical Attendant, or other person who makes this Return, Johanna Jenske

Address, Gazette de 1363

Remarks, Locust Point

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14811

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 15, 89
4. *Place of Birth, (Street and Number)* 418 Parrish St
5. *Full Name of Mother,* Virginia Jones
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* N.C.
8. *Full Name of Father,* Wm Jones
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* N.C.

Name of Medical Attendant, or other person who makes this Return. G. G. Ullrich M.D.

Address, Pratt & Stricker Sts

Remarks,

HEALTH DEPARTMENT, SEP 17 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery, or [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14812

HEALTH DEPARTMENT, OCT 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 5 - 1889

4. Place of Birth, (Street and Number) 1153 N. Fulton ave

5. Full Name of Mother, Mamie E. Good

6. Mother's Maiden Name, Stoddard

7. Mother's Birthplace, Balto

8. Full Name of Father, William R Good

9. Father's Occupation, Lithographer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward R. Condon M.D.

Address, 1403 W Fayette st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14813

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 5: 1889.

4. Place of Birth, (Street and Number) 937 E. Pratt str

5. Full Name of Mother, Annie Kirsch

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Jacob Kirsch

9. Father's Occupation,

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks,

OCT 4 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14814

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 5th
4. *Place of Birth, (Street and Number)* 1027 E. Charles Street
5. *Full Name of Mother,* Anna M. Kies
6. *Mother's Maiden Name,* Anna M Potee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry A Kies
9. *Father's Occupation,* Sanitary Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna M Potee

Address, 1023 E. Charles Street

Remarks,

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14816

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 5 1889
4. *Place of Birth, (Street and Number)*	2416 Lancaster St.
5. *Full Name of Mother,*	Honora Hoyle
6. *Mother's Maiden Name,*	Honora Mahey
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Michael Hoyle
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Luzerne St.
Remarks,	

SECTION 7.—And be it further ordained, that every birth shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14816

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 3 - 1879.
4. Place of Birth, (Street and Number) # 1336 Hirt St.
5. Full Name of Mother, Sophia Mc Lain.
6. Mother's Maiden Name, " Linde.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Isaac Mc Lain.
9. Father's Occupation, Collector.
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist.

Address, #1038 E. Monument St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14817

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th Sept
4. Place of Birth, (Street and Number) 1018 Leadenhall St Balto
5. Full Name of Mother, Elisebeth Linthicum
6. Mother's Maiden Name, Elisebeth Kraus
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Linthicum
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Catherine Kennedy

Address, 800 Leadenhall St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 2 1893

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14818

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of September
4. Place of Birth, (Street and Number) 2106 Vine St
5. Full Name of Mother, Caroline Jenson
6. Mother's Maiden Name, Caroline Umbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Jenson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Beuler midwife

Address, 216 West Pratt St.

Remarks,

HEALTH DEPARTMENT OCT 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

14819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (State whether male or female)* Girl
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 5
4. *Place of Birth, (Street and Number)* 1814 E Eager St
5. *Full Name of Mother,* Maggie H. Simonds
6. *Mother's Maiden Name,* Maggie H Herting
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James M. Simonds
9. *Father's Occupation,* Printing Pressman.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary Walker

Address, # 503 N. Caroline St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 14820

BIRTH DEPARTMENT SEP 7 1889 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septr. 5. 1889.
4. *Place of Birth, (Street and Number)* 1103 Edmondson Ave.
5. *Full Name of Mother,* Ida Birch
6. *Mother's Maiden Name,* Lopez
7. *Mother's Birthplace,* Madrid Spain
8. *Full Name of Father,* Thos. A. Birch
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

SECTION 1. And be it further enacted and ordained that every person, whose duty or the duty of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 14821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th
4. *Place of Birth, (Street and Number)* 547 Kirby Lane
5. *Full Name of Mother,* Pollet Sander
6. *Mother's Maiden Name,* Pollet Grumholz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Sander
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 641 So Paca St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted, that every birth which shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14877

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Sept 5. A.M. 1889
4. *Place of Birth, (Street and Number)* No 1109 Light st
5. *Full Name of Mother,* Lizzie [illegible] Crawford
6. *Mother's Maiden Name,* Lizzie Ernest
7. *Mother's Birthplace,* Cleaveland - O.
8. *Full Name of Father,* George Crawford
9. *Father's Occupation,* Salesman in Market
10. *Father's Birthplace,* Montgomery Co md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 St. Charles st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 14823

To, the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 P.M 1889
4. *Place of Birth, (Street and Number)* No 1509 Marshall Ave
5. *Full Name of Mother,* Winnoe Ward
6. *Mother's Maiden Name,* Winnoe Cain
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Ward
9. *Father's Occupation,* Core Maker
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1608 south charles st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 14824

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 n

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 5 99
4. *Place of Birth, (Street and Number)* 1403 E Pratt st.
5. *Full Name of Mother,* Bettie Sloman
6. *Mother's Maiden Name,* " Stern
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Sloman
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return. Edward P McDevitt

Address, 208 Aisquith

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14825

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th
4. *Place of Birth, (Street and Number)* 913 Russell St
5. *Full Name of Mother,* Charlotte Opel
6. *Mother's Maiden Name,* " Swindell
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas. Opel
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. J C Burch M D

Address, 511 Hanover St

Remarks,

Baltimore under whose charge or superintendence a [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14826

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female). female
2. Race or color, (if not of the white race) White
3. Date of Birth, September the 5 1889
4. Place of Birth, (Street and Number) Mount st No 209
5. Full Name of Mother, Minney smith
6. Mother's Maiden Name, Minney goldman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexandrew smith
9. Father's Occupation, horse ~~shoer~~ shoer
10. Father's Birthplace, Prinses georaes E Ond

Name of Medical Attendant, or other person who makes this Return. ~~Mrs~~ S Kelley

Address, 2022 Wilkens Ave

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, every [illegible] the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 1 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-4-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1482

Harry H. McDonell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5th 1889
4. Place of Birth, (Street and Number) #1710 Greenmount Ave Balto
5. Full Name of Mother, Mary A. McDonell
6. Mother's Maiden Name, Mary A Sleeger
7. Mother's Birthplace, York Pennsylvania
8. Full Name of Father, Harry H. McDonell
9. Father's Occupation, Firemen of B&P RR
10. Father's Birthplace, Shrewsbury York Co Pa

Name of Medical Attendant, or other Person who makes this Return, Mrs Wooden

Address, #936 Greenmount Ave Balto

Remarks,

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

SECTION 7—And be it further enacted and ordained that every person [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14828

HEALTH DEPARTMENT SEP 1 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or color, (if not of the white race)* race
3. *Date of Birth,* sept 5 1889
4. *Place of Birth, (Street and Number)* mineor street 703
5. *Full Name of Mother,* mary jackson
6. *Mother's Maiden Name.* mary feret
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* andrew jackson
9. *Father's Occupation,* can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. mary corner

Address, corner potomac and dillon street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14829

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 Sept. 1889
4. *Place of Birth, (Street and Number)* Butler Street No 817
5. *Full Name of Mother,* Amstena Heim
6. *Mother's Maiden Name,* Amstena Klein
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Adolph Heim
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14830

HEALTH DEPARTMENT SEP 14 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 September 5 1889
4. *Place of Birth, (Street and Number)* 729 Chester St.
5. *Full Name of Mother,* Louisa Uhl
6. *Mother's Maiden Name,* " Carl
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Uhl
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14831

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5th
4. *Place of Birth, (Street and Number)* 6/0 Cumberland street
5. *Full Name of Mother,* Mary B. Lewis
6. *Mother's Maiden Name,* Mary B Foos
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph H. Lewis
9. *Father's Occupation,* Marble cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary J. Sharkney

Address, 6/2 Cumberland Street

Remarks, Duty faithly attented

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14832

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 September
4. Place of Birth, (Street and Number) 1001 William st
5. Full Name of Mother, Anna Aymold
6. Mother's Maiden Name, Anna Reiche
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Aymold
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-23-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1483

Andrew Lee Melvin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 6th 1859
4. *Place of Birth, (Street and Number)* Balto Md. 602 Scott
5. *Full Name of Mother,* Lizzie Melvin
6. *Mother's Maiden Name,* Lizzie Smith
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* John Edward Melvin
9. *Father's Occupation,* Loom Maker
10. *Name of Medical Attendant,* or other person who makes this Return. Susan Hunter

Address, 23 N Payne St

Remarks,

HEALTH DEPARTMENT SEP 13 1859 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said) schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14834

HEALTH DEPARTMENT SEP 1 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 of Sept.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 5 of Sept.
4. *Place of Birth, (Street and Number)* 1021 Whitcoat St.
5. *Full Name of Mother,* Charlotta Horsey
6. *Mother's Maiden Name,* Charlotta C. Johnson.
7. *Mother's Birthplace,* Carol County.
8. *Full Name of Father,* Howard H. Horsey
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Carol County

Name of Medical Attendant, or other person who makes this Return. Mary Boysaw.

Address, 1023 Parish Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie L. Ball

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*,	September 5th 1889
4. *Place of Birth*, (Street and Number)	307 S. Chester st.
5. *Full Name of Mother*,	Ella Jane Ball
6. *Mother's Maiden Name*,	Ella Jane Whitefield
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	George Peter Ball
9. *Father's Occupation*,	Engineer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14836

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 children
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	5 september
4. *Place of Birth, (Street and Number)*	Decada street 1130
5. *Full Name of Mother,*	Mary Brady locus joint
6. *Mother's Maiden Name,*	Mary Fay
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Daniel Brady
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs allan
Address,	
Remarks,	

1888 J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Sept. 6th 1889.
4. *Place of Birth (Street and Number),* 2030 E Balto St.
5. *Full Name of Mother,* Mary A. Mengel.
6. *Mother's Maiden Name,* Mary A. Killmon.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Jno G. Mengel.
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 30 E N Exeter St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

Baltimore under whose charge of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 6th 1889.
4. *Place of Birth, (Street and Number)* Baltimore Md 438 S Parrish St
5. *Full Name of Mother,* Maria Zeawsky.
6. *Mother's Maiden Name,* Maria Stodolny.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* William Zeawsky.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Kraning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are doing well.

A 14838

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14839

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Sept. 6, 1889
4. *Place of Birth, (Street and Number)* 2417 Alice Anna St
5. *Full Name of Mother,* Mary Kraft
6. *Mother's Maiden Name,* Mary Himmer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Kraft
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

Baltimore under whose charge or superintendence a [illegible] shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14840

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	September the 6th
4. *Place of Birth, (Street and Number)*	Baltimore william st 1536
5. *Full Name of Mother,*	Mary E tierney
6. *Mother's Maiden Name,*	E Burnes
7. *Mother's Birthplace,*	irland
8. *Full Name of Father,*	John J tierney
9. *Father's Occupation,*	labourer
10. *Father's Birthplace,*	irland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	1514 light st
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14841

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6 1889
4. *Place of Birth, (Street and Number)*	135 Ft Av
5. *Full Name of Mother,*	Anna Clarkson
6. *Mother's Maiden Name,*	Anna Elder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Clarkson
9. *Father's Occupation,*	Rail Road Clk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H B Noble MD
Address,	301 Warren av
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14842

Emerson Arthur Collars

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 6th 1889.
4. *Place of Birth, (Street and Number)*	1319 Mosher St.
5. *Full Name of Mother,*	Clara V. Collars.
6. *Mother's Maiden Name,*	Martin
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	A. J. Collars.
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	York, Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	No. 414 N. Greene
Remarks,	GIVEN NAME ADDED 11-15-54. lbf

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14843

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Cox
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 Septembre
4. Place of Birth, (Street and Number) 818 Sterling St.
5. Full Name of Mother, Kate Hutchins
6. Mother's Maiden Name, " Brandau
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Thomas Hutchins
9. Father's Occupation, printer
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Avenue

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 14844

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1905 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6th
4. Place of Birth, (Street and Number) Fort av. No. 1648 / Locust Point
5. Full Name of Mother, Lydia Barbour
6. Mother's Maiden Name, Mc Dairmant
7. Mother's Birthplace, Scotland
8. Full Name of Father, John Barbour
9. Father's Occupation, Workman
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Dr. J. Hunggeler

Address, Fort av. No. 1638 / Locust Point

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 6th. 89.

4. Place of Birth, (Street and Number) 1529 Montrose St.

5. Full Name of Mother, Mary Brown.

6. Mother's Maiden Name, Mary Maihl

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Edward Brown

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Thies, M.D.

Address, 1203 W. Fayette St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 14876

HEALTH DEPARTMENT SEP 7 1889 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 6th 1889
4. Place of Birth (Street and Number)	230 Rock St
5. Full Name of Mother	Lizzie R. Hibbitts
6. Mother's Maiden Name	Roache
7. Mother's Birthplace	" Balt. City
8. Full Name of Father	George Hibbitts
9. Father's Occupation	Plumber
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Thos. J. McCormick M.D.
Address	1421 Eutaw Place
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th
4. *Place of Birth, (Street and Number)*	1133 S. Charles St
5. *Full Name of Mother,*	Alice L Cliff
6. *Mother's Maiden Name,*	" Bush
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Thos. L Cliff
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C Bush M.D
Address,	811 Hanover St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14848

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3d
1. *Sex*, (*State whether male or female*)	female
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept 6th
4. *Place of Birth*, (*Street and Number*)	1 Fite & Sharp sts
5. *Full Name of Mother*,	Emma Weller
6. *Mother's Maiden Name*,	(Volkman)
7. *Mother's Birthplace*,	City
8. *Full Name of Father*,	Geo Weller
9. *Father's Occupation*,	Druggist
10. *Father's Birthplace*,	City
Name of Medical Attendant, or other person who makes this Return.	J C Burch MD
Address,	511 Hanover
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-21-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Lee Eckelt A 14849

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 6/89
4. Place of Birth, (Street and Number) No 413 S. Washington St
5. Full Name of Mother, Maggie Eckelt
6. Mother's Maiden Name, Finck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hilbert Eckelt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14850

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 6th 89
4. *Place of Birth, (Street and Number)* Cor Gough & Broadway
5. *Full Name of Mother,* Ophelia Jane Callis
6. *Mother's Maiden Name,* " " Cooke
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Swann Callis
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Frank C Bressler

Address, 171 S Bank St.

Remarks,

OCT 7 1889

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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HEALTH DEPARTMENT OCT 2 1889 RECEIVED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third A 14851

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 6th 1889
4. Place of Birth, (Street and Number) 1804 Frederick Ave Balto
5. Full Name of Mother, Gertrude Yanzow
6. Mother's Maiden Name, " Darlington
7. Mother's Birthplace, Winchester Virginia
8. Full Name of Father, Albert Yanzow
9. Father's Occupation, Barber
10. Father's Birthplace, Stettin Germany

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, 1101 S. Howard St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14852

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September
4. *Place of Birth, (Street and Number)* Canton ave 606
5. *Full Name of Mother,* Mary Dvorak
6. *Mother's Maiden Name,* Dlby
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Jan Dolby
9. *Father's Occupation,* ~~Laborer~~ Shoemaker
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address,

Remarks, Washington ave

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A-14853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Sept 6th 1889.
4. Place of Birth, (Street and Number) 604 E Chester.
5. Full Name of Mother, Lillie B McCaslin.
6. Mother's Maiden Name, " " Downes.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William I McCaslin
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S. Ridgway André M.D.

Address, 1122 E Baltimore St

Remarks,

Register of each birth shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-18-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Walling Baker

A 14857

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th 89
4. Place of Birth, (Street and Number) 1807 Jefferson St
5. Full Name of Mother, Eva Baker
6. Mother's Maiden Name, Eva Walling
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Baker
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. B F Phillips

Address, 735 W Lombard St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14850

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 6 1899
4. *Place of Birth, (Street and Number)*	212 Joyce Court.
5. *Full Name of Mother,*	Charlotte Selby
6. *Mother's Maiden Name,*	Charlotte Curtis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Selby
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Sommerset County
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Richardson
Address,	315 King St.
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14806

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1te

1. *Sex, (state whether male or female)* Mädchen
2. *Race or color, (if not of the white race)* Witte
3. *Date of Birth,* 6ten September 1889
4. *Place of Birth, (Street and Number)* Cyrus Street No 1028
5. *Full Name of Mother,* Mari Hein
6. *Mother's Maiden Name,* Schwarz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Hein
9. *Father's Occupation,* Wortmann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schwarz Fort Street No 934

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-21-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frieda K. Sibert

A 1485

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 6 1889
4. *Place of Birth, (Street and Number)* 1628 Monument St
5. *Full Name of Mother,* Ricky Sibert
6. *Mother's Maiden Name,* Diener
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Sibert
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14858

HEALTH DEPARTMENT SEP 14 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Setember 6 1889
4. *Place of Birth, (Street and Number)* 113 High St.
5. *Full Name of Mother,* Mary Stechunis
6. *Mother's Maiden Name,* " Stekomiech
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Peter Stechunis
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14859

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16, 1889
4. Place of Birth, (Street and Number) Stafford St No 33. Carroll Baltimore
5. Full Name of Mother, Mrs Kate Piquett
6. Mother's Maiden Name, Kate Hoover
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George D Piquett
9. Father's Occupation, Bristle worker in Wilkinson's Factory
10. Father's Birthplace, Carroll Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll Baltimore

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] between the first and third day of each and every month to the office of the Commissioner of Health [illegible] birth of any child shall occur without the attendance of a physician or practitioner [illegible] other person be in attendance upon the mother, immediately thereafter it shall become the [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEP 17 [illegible]

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), colored

3. Date of Birth, September 6 1899

4. Place of Birth (Street and Number), 307 Courtland St

5. Full Name of Mother, Isabelle Byrd

6. Mother's Maiden Name, Isabelle Bird

7. Mother's Birthplace, Wilmington

8. Full Name of Father, William E Byrd

9. Father's Occupation, undertaker

10. Father's Birthplace, Washington DC

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 101 E mulberry St

Remarks,

A 14860

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1486

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6 1889
4. *Place of Birth, (Street and Number)*	Hull St
5. *Full Name of Mother,*	Mary Annie Shanneley
6. *Mother's Maiden Name,*	Mary Annie Blackwier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Shanneley.
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Irland
Name of Medical Attendant, or other person who makes this Return.	Mrs E Mel
Address,	1619 Cuba St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14862

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female.
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Sept ~~Howard Street~~ 6th 1889
4. *Place of Birth, (Street and Number)* 941 n. Howard St
5. *Full Name of Mother,* Jennie Waller
6. *Mother's Maiden Name,* Jarvis.
7. *Mother's Birthplace,* Harrisburg New York
8. *Full Name of Father,* Alex 1. Waller
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Northamton Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson.

Address, 1024 Park ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14863

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 6 1889
4. *Place of Birth, (Street and Number)* 1412 Baker al
5. *Full Name of Mother,* Ellen Hall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Galveston Texas
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return A. Lindsay Todd

Address, 2029 St Paul St

Remarks,

adviser at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alpine Bodine — Parker

A 14864

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), F
2. Race or Color (if not of the white race), W
3. Date of Birth, Sept 6 1889
4. Place of Birth (Street and Number), 508 Park Av
5. Full Name of Mother, Eugenia Parker
6. Mother's Maiden Name, Hollowell
7. Mother's Birthplace, NC
8. Full Name of Father, John N Parker
9. Father's Occupation, Merchant
10. Father's Birthplace, NC

Name of Medical Attendant, or other person who makes this Return. Dr R. Winslow

Address, 1 Mt Royal Terrace

Remarks, OTHER NAME ADDED 3-13-53.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* male

14865

2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 7 / 889
4. *Place of Birth, (Street and Number)* 909 Hollins St.
5. *Full Name of Mother,* Amanda McKenny
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* W. C. McKenny
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. V. L. Norwood M.D.

Address, 939 W Fayette

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14866

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 September 1889.
4. Place of Birth, (Street and Number) 1135. Sassafrass Street Baltimore
5. Full Name of Mother, Amalia Strnat
6. Mother's Maiden Name, Amalia Gardner
7. Mother's Birthplace, Parkersburk West Virginian
8. Full Name of Father, August Henry Strnat
9. Father's Occupation, Terra lotta Worker
10. Father's Birthplace, Viana Austria

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the [illegible] case the birth of any child shall occur without the attendance of a physician or [illegible] no other person be in attendance upon the mother, immediately thereafter [illegible] become the [illegible] above required, and child to report its birth to the Commissioner of Health, [illegible] within [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and [illegible] are recoverable, any such person or persons who shall hereafter fail to comply with the provisions [illegible]

OCT 1 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 14867

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 7/1889
4. *Place of Birth, (Street and Number)* 1417 Vincent alley
5. *Full Name of Mother,* Kate Council
6. *Mother's Maiden Name,* Kate Brown
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Robert J Council
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent ave near Biddle

Remarks,

SEP 30 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14868

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7th Sept 1884
4. *Place of Birth, (Street and Number)*	1077 S Charles St
5. *Full Name of Mother,*	Anna Kinkely
6. *Mother's Maiden Name,*	Reese
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Kenkely
9. *Father's Occupation,*	~~Laborer~~ Priest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gerrell
Address,	516 Lexington Ave
Remarks,	

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14869

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 7th, 1889.
4. *Place of Birth, (Street and Number)* #612 & 614 Ensor St.
5. *Full Name of Mother,* Lena Schultz.
6. *Mother's Maiden Name,* Hartig.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* J. P. Schultz.
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St.

Remarks.

Notice of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A. 1488/10

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Sept 7th 1889
4. Place of Birth (Street and Number), 8 Bartell St
5. Full Name of Mother, Jessie MacKenzie
6. Mother's Maiden Name, Mackenzie
7. Mother's Birthplace, Scotland
8. Full Name of Father, Conder Mackenzie
9. Father's Occupation, Plasterer
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. C. S. Billingslea

Address, 1206 E. Pratt

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1487

Ida Isabell Fontz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1889 — 7th of September
4. *Place of Birth, (Street and Number)* 1239 South Eutaw street
5. *Full Name of Mother,* Lydia Fontz
6. *Mother's Maiden Name,* Lydia Hinton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Fontz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bowyer

Address, 711 Penn St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11481/2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 7th 1869
4. *Place of Birth (Street and Number),* 1623 Jefferson St
5. *Full Name of Mother,* Sallie G. Brown,
6. *Mother's Maiden Name,* Sallie G Clark,
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* G. D Brown,
9. *Father's Occupation,* R. R. Brakeman,
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309 N Eutaw

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male Husband
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 September 1889
4. *Place of Birth, (Street and Number)* Little Second street 727
5. *Full Name of Mother,* Jennie Casol
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hasol Casol
9. *Father's Occupation,* Drover
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Ellen
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7. September 1889
4. *Place of Birth, (Street and Number)* Charles street
5. *Full Name of Mother,* Jennie Viscielsky
6. *Mother's Maiden Name,* " Feder
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Viscielsky
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 7 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14875

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7th
4. *Place of Birth, (Street and Number)* N.W. Cor Myrtle Ave & Pierce St
5. *Full Name of Mother,* Mrs Annie M ~~Hilmer~~ Snyder
6. *Mother's Maiden Name,* " " Hilmer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Andrew Snyder
9. *Father's Occupation,* & Cigar Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H F Hill M D

Address, 1001 Edmondson Ave

Remarks,

HEALTH DEPARTMENT OCT 2 1888

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 7 — 1889
4. *Place of Birth, (Street and Number)* 108 S. High St.
5. *Full Name of Mother,* Louisa Schroer
6. *Mother's Maiden Name,* Fernsner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George P. Schroer
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. Stein

Address, 1127 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 — (A) 14877

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 September.
4. Place of Birth, (Street and Number) 1433 Patapsco St.
5. Full Name of Mother, Annie Laur
6. Mother's Maiden Name, Anne Drol
7. Mother's Birthplace, Germany
8. Full Name of Father, Eldr. A. Laur.
9. Father's Occupation, Schuhmacher.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Catherina Munch

Address, 800 Leadenhall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14898

REGISTRAR'S DEPARTMENT SEP 11 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* September 7th
4. *Place of Birth, (Street and Number)* No. 1014 Washington Str
5. *Full Name of Mother,* Christine Krieniny
6. *Mother's Maiden Name,* Haka
7. *Mother's Birthplace,* Germiny
8. *Full Name of Father,* Theodore Krieniny
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germiny

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Schulte

Address, No. 528 N Washington Str

Remarks,

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 7 87
4. Place of Birth, (Street and Number)	642 N. Lombard St
5. Full Name of Mother,	Bettie Brown
6. Mother's Maiden Name,	Not Known
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Not Known
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	L. E. Seale M.D.
Address,	319 W. Monument St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner with the certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the mother shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 7 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7/89
4. Place of Birth, (Street and Number) N° 124 little Gough St
5. Full Name of Mother, Jennie Lammers
6. Mother's Maiden Name, Monius
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Lammers
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Sept, 1889.

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 8th 1889.

4. Place of Birth, (Street and Number) Carrollton Ave

5. Full Name of Mother, Margarette Anne Schumacher

6. Mother's Maiden Name, " Lenz

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Robert Schumacher

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J B Mullins M.D.

Address, 931 Frederick Ave E.S.

Remarks,

A. 14881

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th Sept. '89
4. *Place of Birth, (Street and Number)*	214 Jasper St.
5. *Full Name of Mother,*	Maria Stogoric
6. *Mother's Maiden Name,*	Biolegoja
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Silerco Stogoric
9. *Father's Occupation,*	Fruit Dealer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs. J. Turst
Address,	191 E. Eden St.
Remarks,	

A. 14882

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 14883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th 1889
4. *Place of Birth, (Street and Number)* 1412 N. Fulton Ave
5. *Full Name of Mother,* Clara Phillips
6. *Mother's Maiden Name,* Kramer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob J. Phillips
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John Ruff

Address, 701 N. Carrollton Ave

Remarks, "Stillborn" - from disease of Cord

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-14882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 8th 1889
4. *Place of Birth, (Street and Number)* 1823 Stockdin Street
5. *Full Name of Mother,* Katie Krimes
6. *Mother's Maiden Name,* Katie McCarty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Krimes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child A 1458

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 sept
4. Place of Birth, (Street and Number) Spring st No 507
5. Full Name of Mother, Annie Hasting
6. Mother's Maiden Name, Annie Hasting
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, No Father
9. Father's Occupation, No place
10. Father's Birthplace, No place

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, No 327 South Bond

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 8. 1889.
4. *Place of Birth, (Street and Number)* 827. Concord Str.
5. *Full Name of Mother,* Mary Dolten
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Dolten
9. *Father's Occupation,*
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] form of a certificate between the first and third day of each and every month to the [illegible] Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible], or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 14887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	April 6 / 89
4. *Place of Birth, (Street and Number)*	203 Bruce St
5. *Full Name of Mother,*	Augie Howe
6. *Mother's Maiden Name,*	Augie Howe
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Jno C Johnson
9. *Father's Occupation,*	Lab'r
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Williams
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 14888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Sept 8 1889
4. *Place of Birth, (Street and Number)* 263 Vincent al
5. *Full Name of Mother,* Rebecca Green
6. *Mother's Maiden Name,* Rebecca Pollock
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Samuel Green
9. *Father's Occupation,* Lab.
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14889

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 8th 1889
4. *Place of Birth, (Street and Number)* 1529 S. Charles St.
5. *Full Name of Mother,* Elisabeth Hoffmann
6. *Mother's Maiden Name,* " " Mehring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hoffmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County.

Name of Medical Attendant, or other person who makes this Return. Cathrenal Munch

Address, 800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in [illegible] of the Commissioner of Health. [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* September 8 1909
4. *Place of Birth, (Street and Number)* 1418 E. Broadway
5. *Full Name of Mother,* Mollie Hamburger
6. *Mother's Maiden Name,* " Pollock
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Hamburger
9. *Father's Occupation,* Book-keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. David Streett M.D.

Address, 403 N. Exeter St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 8th 1887
4. *Place of Birth, (Street and Number)* 1738 N. Dallas St
5. *Full Name of Mother,* Annie Hassell
6. *Mother's Maiden Name,* Geser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hassell
9. *Father's Occupation,* Collar maker
10. *Father's Birthplace,* London England

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S E Cor Carolina & Eager Sts

Remarks,

Health. Fair schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		A 14897 6th
1. *Sex, (state whether male or female)*		male
2. *Race or Color, (if not of the white race)*		White
3. *Date of Birth,*		8th of September
4. *Place of Birth, (Street and Number)*	no Number	Old Frederick Road
5. *Full Name of Mother,*		Lore Christie
6. *Mother's Maiden Name,*		Lore Babtist
7. *Mother's Birthplace,*		Baltimore
8. *Full Name of Father,*		James Christie
9. *Father's Occupation,*		Labor
10. *Father's Birthplace,*		Baltimore
Name of Medical Attendant, or other person who makes this Return.		Friederiche Reuter Midwife
Address,		2116 West Pratt St.
Remarks,		

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored A. 14893
3. *Date of Birth,* 8 of September
4. *Place of Birth, (Street and Number)* 517 Orchard Street
5. *Full Name of Mother,* Lucretia Upsher.
6. *Mother's Maiden Name,* " Wilson
7. *Mother's Birthplace,* Prince Ann County
8. *Full Name of Father,* Henery Upsher
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Prince Ann County

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th 1889
4. *Place of Birth, (Street and Number)* 1806 Stope St.
5. *Full Name of Mother,* Margareth A. Freyer
6. *Mother's Maiden Name,* Margareth A. Hehm
7. *Mother's Birthplace,* Baltimore Maryland.
8. *Full Name of Father,* Wm. H. Freyer
9. *Father's Occupation,* Cement Worker
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Fester

Address, 1518 Asquith St.

Remarks, Mother and Child doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 8th 1889
4. *Place of Birth, (Street and Number)* 115. W Lombard
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lizzie Newman
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy Maternite

Remarks,

Registers of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14896

OCT 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 September
4. Place of Birth, (Street and Number) 1502 Madison st.
5. Full Name of Mother, Lizzie Schrufer
6. Mother's Maiden Name, Thurbert
7. Mother's Birthplace, Balt city
8. Full Name of Father, Georges Schrufer
9. Father's Occupation, Schoemacher
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Central Avenue

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex, (state whether male or female)	boy
2. Race or Color, (if not of the white race)	
3. Date of Birth,	8 September
4. Place of Birth, (Street and Number)	1003 Willow street
5. Full Name of Mother,	Katie ~~Foran~~ Hehoe
6. Mother's Maiden Name,	Foonan
7. Mother's Birthplace,	Waterford Irland
8. Full Name of Father,	Patrick Hehoe
9. Father's Occupation,	
10. Father's Birthplace,	Wharford county Irland.
Name of Medical Attendant, or other person who makes this Return.	Anna Walker
Address,	928 Cathal Avenue
Remarks,	

OCT 3 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

14898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 10 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born Sept 8th 1889
4. *Place of Birth, (Street and Number)*	No 319 Forrest st
5. *Full Name of Mother,*	Mrs C May Martyne
6. *Mother's Maiden Name,*	Miss C Catmulch
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr. D. Martyne
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of September
4. *Place of Birth, (Street and Number)* # 913 Bevan St
5. *Full Name of Mother,* Flora D. Disney
6. *Mother's Maiden Name,* Flora Bruning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. J. D. Disney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Augusta Bosien

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are by law recoverable and forfeitures are recoverable.

OCT 3 1889

14900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3	
1. Sex, (state whether male or female)	boy	
2. Race or Color, (if not of the white race)		
3. Date of Birth,	8 September	
4. Place of Birth, (Street and Number)	1234	Eager st.
5. Full Name of Mother,	Madeleine	Klein
6. Mother's Maiden Name,	-	Ries
7. Mother's Birthplace,	Buchelheim	Baiern
8. Full Name of Father,	Nicolaus	Klein
9. Father's Occupation,	-	
10. Father's Birthplace,	Geiselbach	Baiern
Name of Medical Attendant, or other person who makes this Return.	Anna	Walter
Address,	928	Central Ave.
Remarks,	/	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 8th
4. Place of Birth, (Street and Number) 703 Mulberry st
5. Full Name of Mother, Emma Johson
6. Mother's Maiden Name, [illegible] Saunders
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Nathan Johson
9. Father's Occupation, Coachman
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johson

Address, 710 Tyson st

Remarks,

[illegible] Health. This schedule shall contain a list of the births which [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form [illegible] between the first and third day of each and every month to the office of the Commissioner of Health, [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 8th
4. *Place of Birth, (Street and Number)* 708 Hoffman St
5. *Full Name of Mother,* Bettie Brooks
6. *Mother's Maiden Name,* .... Cook
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* William Brooks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johnson

Address, 710 Tyson St

Remarks,

HEALTH DEPARTMENT, OCT 1889 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 8th 1859.
4. Place of Birth, (Street and Number) 1123 York Road Govans Balto.
5. Full Name of Mother, Martha C. Homberger
6. Mother's Maiden Name. Martha C Kolberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Homberger
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Corinne Price M.D.

Address, Waverly Balto. Md.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14904

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	8th Sept 1889
4.	*Place of Birth, (Street and Number)*	1419 Garrett Ave
5.	*Full Name of Mother,*	Josephine Piennan
6.	*Mother's Maiden Name,*	Wright
7.	*Mother's Birthplace,*	New Kent Co Va
8.	*Full Name of Father,*	John Piennan
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Richmond Va
	Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
	Address,	516 Fort Ave
	Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14905

DEPARTMENT SEP 11 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Septem. 8 1889
4. *Place of Birth, (Street and Number)* 407 N. Exeter
5. *Full Name of Mother,* Lina Hochschild
6. *Mother's Maiden Name,* " Hamburger
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Max. Hochschild
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. David Sheets MD

Address, 403 N. Exeter

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14906

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 8 1889
4. *Place of Birth, (Street and Number)*	Hull St No 1248
5. *Full Name of Mother,*	Cathren Martheis
6. *Mother's Maiden Name,*	Cathren Bender
7. *Mother's Birthplace,*	Germena
8. *Full Name of Father,*	Henrey Martheis
9. *Father's Occupation,*	Labeaer
10. *Father's Birthplace,*	Germena
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14907

A

SEP 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 8. 1889
4. *Place of Birth, (Street and Number)*	Gerrent Ave 1302.
5. *Full Name of Mother,*	Annie Sharf.
6. *Mother's Maiden Name,*	Annie Dierker.
7. *Mother's Birthplace,*	Germena
8. *Full Name of Father,*	Sebastian Sharf.
9. *Father's Occupation,*	Sabeur
10. *Father's Birthplace,*	Gemena
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettl
Address,	1619 Cuba St.
Remarks,	

boards, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14908

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not~~ of the white race),*
3. *Date of Birth,* Sept 8 th 1887
4. *Place of Birth (Street and Number),* 1817 Linden Ave
5. *Full Name of Mother,* Mary Anna Day
6. *Mother's Maiden Name,* Winchman
7. *Mother's Birthplace,* Camden N J
8. *Full Name of Father,* Wesley Fletcher Day
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Camden N J

Name of Medical Attendant, or other person who makes this Return. Eldridge C Price M D

Address, 953 Madison Ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th A 14909
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 8 86
4. *Place of Birth, (Street and Number)*	1239 Division street.
5. *Full Name of Mother,*	Ernstine Breyer.
6. *Mother's Maiden Name,*	Ernstine Schlegel.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Louis Breyer.
9. *Father's Occupation,*	Huckster.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mary J. S Mackenzey
Address,	642 Cumberland St.
Remarks,	Dutiful.

SEP 16 1886

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14910

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color; (if not of the white race)*	White
3. *Date of Birth*	September 8th 1889
4. *Place of Birth, (Street and Number)*	2436 Maryland Ave
5. *Full Name of Mother,*	Clara C. Robinson
6. *Mother's Maiden Name,*	Clara Capron
7. *Mother's Birthplace,*	Annapolis Md
8. *Full Name of Father,*	A Bruce Robinson
9. *Father's Occupation,*	Clerk. B & O R.R.
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill MD
Address,	807 Arlington Ave
Remarks,	

SEP 16 1889 REGISTRAR'S DEPARTMENT

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are by law recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female A. 14911
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8th Sep.
4. *Place of Birth, (Street and Number)* 1842 E Chase st
5. *Full Name of Mother,* Susan E Hunter
6. *Mother's Maiden Name,* " " Richards
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Henry Hunter
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Gwynn

Address, 940 N. Gay st

Remarks,

WM. J. C. DULANY & CO.; CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 14912

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W'site

3. Date of Birth, September 8

4. Place of Birth, (Street and Number) 1238 Stockholm & St.

5. Full Name of Mother, Mrs Carrie Wilson

6. Mother's Maiden Name, Carrie Aro

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Mr. Robert Samuel Wilson

9. Father's Occupation, Saloon Saloon Keeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs C. ~~Smith~~ see back

Address, No 735 W Pratt St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14913

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9 Sep
4. *Place of Birth, (Street and Number)*	610 N. Eden st
5. *Full Name of Mother,*	Mary Hughes
6. *Mother's Maiden Name,*	" Mc. Ginnis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Peter Hughes
9. *Father's Occupation,*	Produce Dealer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14914

HEALTH DEPARTMENT, OCT 1 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 9th.
4. *Place of Birth, (Street and Number)*	No. 3 N Calvert St
5. *Full Name of Mother,*	Catherine T. O'Brien
Mother's Maiden Name,	Catherine T. Mulligan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos. J. O'Brien
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Felix Jenkins
Address,	400 Cathedral St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14/15

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 9th Sept
4. *Place of Birth (Street and Number),* No 530 High St
5. *Full Name of Mother,* Cormelo Eppolito
6. *Mother's Maiden Name,* Cormelo Giuffre
7. *Mother's Birthplace,* Sicilia Italia Termini
8. *Full Name of Father,* Vincenzo Eppolito Imerese
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Sicilia Italia Termini Imerese

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink Midwife

Address, No 907. Hillen. St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14916

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept. 9, 1889
4. *Place of Birth, (Street and Number)* 515 Cannon St.
5. *Full Name of Mother,* Fannie Nipper
6. *Mother's Maiden Name,* Fannie Hamilton
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* John Nipper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 14917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 9
4. *Place of Birth, (Street and Number)* Gough Str 1734
5. *Full Name of Mother,* Annie Appeltofft
6. *Mother's Maiden Name,* Annie Pedersen
7. *Mother's Birthplace,* Mandal (Norway)
8. *Full Name of Father,* Arthur Appeltofft
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Halmstad (Sweden)

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, 1913 Eastern ave. City

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...T & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14918

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Sept. 9th 1889
4. *Place of Birth (Street and Number),* 243 N High St.
5. *Full Name of Mother,* Sarah Rosenheim.
6. *Mother's Maiden Name,* Sarah Fried.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* L. Rosenheim.
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. Wolchambers

Address, 309 N Exeter St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14919

HEALTH DEPARTMENT, OCT 1 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 9.
4. *Place of Birth, (Street and Number)* No. 1241 S. Eutawstreet
5. *Full Name of Mother,* Emma Bransby
6. *Mother's Maiden Name,* Emma Higdon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jhon H. Bransby
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 24 Cross St

Remarks,

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14930

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th 1889
4. Place of Birth, (Street and Number) 115 W Fayette
5. Full Name of Mother, Julia F Burke
6. Mother's Maiden Name, Julia F Bailey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Edward Burke
9. Father's Occupation, Fatherer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Resident Physician Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14921

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* ~~female~~ Male ~~or~~ ~~and~~
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* september 9 th
4. *Place of Birth (Street and Number),* Baltimore chiney street 837
5. *Full Name of Mother,* agnis Mise
6. *Mother's Maiden Name,* agnis queen.
7. *Mother's Birthplace,* Morlbr Md printch georgist
8. *Full Name of Father,* Ob Mise
9. *Father's Occupation,* labor
10. *Father's Birthplace,* actamack forginnie

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 862 Cross street

Remarks,

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14922

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 9th 1889
4. *Place of Birth, (Street and Number)* 115 W Lombard
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lottie Merson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy Walsmile

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14923

SEP 14 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 9/89
4. *Place of Birth, (Street and Number)*	160 Eutaw Place
5. *Full Name of Mother,*	Esther Rosenfeld
6. *Mother's Maiden Name,*	Konigsberger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	E. Rosenfeld
9. *Father's Occupation,*	Shirt Manufacturer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M D
Address,	600 N. Howard St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14974

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th 1889
4. *Place of Birth, (Street and Number)* 1634 S. Charles St
5. *Full Name of Mother,* Mary A. Thomas
6. *Mother's Maiden Name,* " " Farrell
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Warner C. Thomas
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Thomas

Address,

Remarks, his Mother attended

GIVEN NAME ADDED 8-9-54.

RETURN OF A BIRTH

14925

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emil Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 9 - 1889
4. Place of Birth, (Street and Number) 412 N. High St.
5. Full Name of Mother, Katie Klein
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George N. Klein
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT, OCT 1890 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14926

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 ed

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* W
3. *Date of Birth,* Sep the 9 1889
4. *Place of Birth, (Street and Number)* W Lexington St 944
5. *Full Name of Mother,* Cate Holmes
6. *Mother's Maiden Name,* " Angelmier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry W Holmes
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Ledley

Address, 1004 Lexington St. W

Remarks,

HEALTH DEPARTMENT SEP 11 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

14927

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September. 9
4. *Place of Birth, (Street and Number)* 13.26. West Pratt St
5. *Full Name of Mother,* Minnie. Clark
6. *Mother's Maiden Name,* Minnie. Kerner
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Thomas. Patrick. Clark.
9. *Father's Occupation,* Molder.
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. (Mrs Cross)

Address, 413 S Poppleton St.

Remarks,

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14928

SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th
4. *Place of Birth, (Street and Number)* 604 Fremont St
5. *Full Name of Mother,* Mary Petty
6. *Mother's Maiden Name,* Mary King (Keen)
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Petty
9. *Father's Occupation,* Carriage Maker
10. *Father's Birthplace,* Virginia

Paid Issue Aug 2/15

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 641 Ordaca St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14924

SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th 1889
4. *Place of Birth, (Street and Number)* No 1707 Hanover St
5. *Full Name of Mother,* Clara Crouse
6. *Mother's Maiden Name,* Clara Little
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Francis Crouse
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1608 n charles st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A

14930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* September 9
4. *Place of Birth, (Street and Number)* 502 Caroline St
5. *Full Name of Mother,* Ellen Coal
6. *Mother's Maiden Name,* Ellen Warr
7. *Mother's Birthplace,* Eston Shore
8. *Full Name of Father,* John Coal
9. *Father's Occupation,* [redacted] Hod Carrier
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Elizbuth Sayls

Address, 807 madison St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 14431

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 9th 1889
4. *Place of Birth (Street and Number),* 2014 E. Hoffman St
5. *Full Name of Mother,* Florence Hicks
6. *Mother's Maiden Name,* " Burton
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* T. J. Hicks
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return. W. J. Jones M.D.

Address, 1238 Greenmount Ave

Remarks, Balto Md

BALTIMORE, MD. SEP 5 1889

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th (A) 1/4/32
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 9 1889
4. *Place of Birth, (Street and Number)*	923 Bare St
5. *Full Name of Mother,*	Jennie Owens
6. *Mother's Maiden Name,*	" Carrick
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	H H Owens
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lee R Graham
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex, (state whether male ~~or female~~)* Male "
2. *Race or Color, (if not of the white race)* Colored "
3. *Date of Birth,* September 7th 1919
4. *Place of Birth, (Street and Number)* 523 Orchard St
5. *Full Name of Mother,* Mary E Wallace
6. *Mother's Maiden Name,* Mary Elizabeth Jones
7. *Mother's Birthplace,* Hagerstown Md
8. *Full Name of Father,* Ammon Wallace
9. *Father's Occupation,* Waiting in House
10. *Father's Birthplace,* King George County Va

Name of Medical Attendant, or other person who makes this Return. Cecilia Cooke

Address, 108 Sheldon Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14934

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 10 1899
4. *Place of Birth, (Street and Number)*	1227 Wilmot Aley
5. *Full Name of Mother,*	Hester Thomas
6. *Mother's Maiden Name,*	Hester Bondly
7. *Mother's Birthplace,*	Kent Island Md.
8. *Full Name of Father,*	Louis L. Thomas
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Hester Colance
Address,	509 Preston st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 114935

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 10, 1889
4. *Place of Birth (Street and Number),* 1155 Hanticoke St.
5. *Full Name of Mother,* Mary Virginia Sullivan
6. *Mother's Maiden Name,* Mary Virginia Davis
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Edward Sullivan
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Knight M.D.

Address, 523 Scott St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14936

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 10th 89
4. *Place of Birth, (Street and Number)* #730 Aisquith St
5. *Full Name of Mother,* Mrs Alberta Stewart
6. *Mother's Maiden Name,* Alberta Williams
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr George W. Stewart
9. *Father's Occupation,* Conductor P. W. & B. R. R.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. George Lewis Staten M.D.

Address, #1628 E. Calvert St City

Remarks,

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14937

HEALTH DEPARTMENT OCT 2 1888

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th. September.
4. *Place of Birth, (Street and Number)* 109 W. Hughesstr.
5. *Full Name of Mother,* Ida Gerland.
6. *Mother's Maiden Name,* " Keltz.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Louis Gerland.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14938

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 10 - 1889
4. *Place of Birth, (Street and Number)* 110 S. Schroeder st
5. *Full Name of Mother,* Maggie McHugh
6. *Mother's Maiden Name,* Maggie Cody
7. *Mother's Birthplace,* England
8. *Full Name of Father,* James McHugh
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Payne (St)

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child A 14939

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* 10 of September
3. *Date of Birth,* Colored
4. *Place of Birth, (Street and Number)* 929 Eutaw Street
5. *Full Name of Mother,* Alice Prelly
6. *Mother's Maiden Name,* Hemmincy
7. *Mother's Birthplace,* Anna Rundel
8. *Full Name of Father,* John Prelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Colause

Address, 569 Preston Street

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14940

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 10th
4. *Place of Birth (Street and Number),* 1622 Preston St
5. *Full Name of Mother,* Mary Gertrude Mengel
6. *Mother's Maiden Name,* Mary Gertrude Hale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Henry Mengel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Rice

Address, 1718 E Chase St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 14 1914
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (State whether male or female)*	~~White~~ Male ~~Female~~
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	den 10 September
4. *Place of Birth, (Street and Number)*	Biddle Str 1914
5. *Full Name of Mother,*	Emile Fels
6. *Mother's Maiden Name,*	Blois
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lorenz Fels
9. *Father's Occupation,*	Bäckerhänger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Maria Emma Mayer
Address,	Biddle Str 1933
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1494V

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 a

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 10th 1889
4. *Place of Birth, (Street and Number)* 1206 Eager Sts
5. *Full Name of Mother,* Anna Maria Garmatz
6. *Mother's Maiden Name,* Doering
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Garmatz
9. *Father's Occupation,* Mattress maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs EW Mannel

Address, 923 Penna Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 14443

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept. 10th 1889.
4. *Place of Birth, (Street and Number)* Calhoun St. 1353.
5. *Full Name of Mother,* Kate L. Frisch
6. *Mother's Maiden Name,* Kate L. Wooden
7. *Mother's Birthplace,* York Pennsylvania.
8. *Full Name of Father,* Henry G. Frisch.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Carroll.

Address, 1403 Presstman St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sep. 11. 1889

14944

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sep. 10th 1889
4. Place of Birth, (Street and Number) 1722 Alice Ann St.
5. Full Name of Mother, Theresa Maurer
6. Mother's Maiden Name, Theresa Ritter
7. Mother's Birthplace, America
8. Full Name of Father, Conrad Maurer
9. Father's Occupation, Coopes
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend

Address, 410 South Wolfe St

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 14945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* 2 Male Twins
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 10 1889
4. *Place of Birth, (Street and Number)* 425 Conway Stret
5. *Full Name of Mother,* Sarah Snowden
6. *Mother's Maiden Name,* Sarah L. Sims
7. *Mother's Birthplace,* Laurel Md.
8. *Full Name of Father,* Oliver T. Snowden
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary J. Richardson

Address, 315 King St

Remarks,

...hn Murphy & Co., City Printers and Stationers.

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14946

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	white ~~Negro~~ Freier
3. *Date of Birth,*	Den 10 August September
4. *Place of Birth, (Street and Number)*	Biddle Str Nor 2220
5. *Full Name of Mother,*	Bedi Freier
6. *Mother's Maiden Name,*	Edgar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bayish Freier
9. *Father's Occupation,*	Gilder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Maria Anna Mayer
Remarks,	Bidde Str Nr 1933

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd A 14947
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	10th Sep
4. *Place of Birth, (Street and Number)*	527 N. Wolf st
5. *Full Name of Mother,*	Sarah Jefferson
6. *Mother's Maiden Name,*	" Reese
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	John T Jefferson
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14948

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 10th
4. *Place of Birth, (Street and Number)* 306 Fulton Ave
5. *Full Name of Mother,* Mary Geneva Bowen
6. *Mother's Maiden Name,* " " Sheiblein
7. *Mother's Birthplace,* Balto Co. ~~Clifton~~
8. *Full Name of Father,* George Washington Bowen
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Shockner

Address, ~~Mrs Geo W. Baden~~ Cumberland St

Remarks, Dutiful

HEALTH DEPARTMENT, SEP 16 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(A) 14949

1.	*of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	4th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	September 10th 1889
4.	*Place of Birth, (Street and Number)*	# 104 S. Carrollton Ave.
5.	*Full Name of Mother,*	Mrs. Mary Elisabeth Smith.
6.	*Mother's Maiden Name,*	Miss Mary Eliza Humphrey.
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Mr. Ferdinand Philipp Smith
9.	*Father's Occupation,*	Moulding
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs. Hunter
	Address,	23 N Poppleton str.
	Remarks,	

SEP 17 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in [illegible] between the first and third day of each and every month to the office of the Commissioner [illegible] birth of any child shall occur without the attendance of a physician or practitioner [illegible] her person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14950

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1889 September 10th

4. Place of Birth, (Street and Number) 810 George St.

5. Full Name of Mother, Maggie Einolf

6. Mother's Maiden Name, Maggie Gurry

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, George J. Einolf

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Susan Stunter

Address, 23 N Poppleton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-17-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Chisley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 14951

1. Sex, (state whether male or female) ~~Fe~~male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~204~~ Sept. 10, 1889
4. Place of Birth, (Street and Number) 204 Cross St
5. Full Name of Mother, Mary Chisley
6. Mother's Maiden Name, Mary Grason
7. Mother's Birthplace, Anarundel Co.
8. Full Name of Father, John Chisley
9. Father's Occupation, Labor
10. Father's Birthplace, Anarundel Co

Name of Medical Attendant, or other person who makes this Return. Abrilla Brooks.

Address, 1132 Warner St

Remarks, Doing well.

SEP 17 18

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14952

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, September 10th 1889
4. Place of Birth, (Street and Number) No 1215 N. Stricker St
5. Full Name of Mother, Fannie Wagner
6. Mother's Maiden Name, Fannie Carroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. Wagner
9. Father's Occupation, Photographer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Carroll

Address, 1403 Prestman Street

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1495

HEALTH DEPARTMENT SEP 11 1889 BALTIMORE

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~3d, &c.~~)

1. *Sex*, (~~*state whether male or*~~ *female*)
2. *Race or color*, (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth*, Sept 10th/889.
4. *Place of Birth*, (*Street and Number*) 828 Carahann St
5. *Full Name of Mother*, Mary A. Reagan
6. *Mother's Maiden Name*, " " O'Brian
7. *Mother's Birthplace*, Va
8. *Full Name of Father*, Micheal Reagan
9. *Father's Occupation*, Grocery
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return. A Gregg Thorpe Md

Address, 1102 E Balto St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14934

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 11, 1889
4. *Place of Birth, (Street and Number)*	508 Rowe St.
5. *Full Name of Mother,*	Laura Magraw
6. *Mother's Maiden Name,*	Laura Meeks
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Magraw
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 A 14955
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	Sept 11/89
4. *Place of Birth, (Street and Number)*	307 Lemmon
5. *Full Name of Mother,*	Maggie Stahlman
6. *Mother's Maiden Name,*	Maggie Lucill
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Eckel Stahlman
9. *Father's Occupation,*	~~Ohio~~ Hotel Carrier
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return.	Jane Moreland
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14936

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth* Sep 11, 1889 1889
4. *Place of Birth, (Street and Number)* Hudson St, nor 3d st
5. *Full Name of Mother,* Payne
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Dont Know
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. A Atkinson Md

Address, 2101 Maryland aven

Remarks, Unmarried - Retained placenta

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14957

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 11th 1889
4. *Place of Birth, (Street and Number)*	Hampden 270 Hicory Avenue
5. *Full Name of Mother,*	Carrie Giles
6. *Mother's Maiden Name,*	Carrie Ludwig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Giles
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ellen Sullivan
Address,	252 Thackeray ave Hampden Baltimore
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14958

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th 1889
4. *Place of Birth, (Street and Number)* 115 W Fayette
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Cochran
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Bayby Maternité

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

HEALTH DEPARTMENT SEP 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first A 14959

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 11. 1889
4. Place of Birth, (Street and Number) 123 N Durham Street
5. Full Name of Mother, Elenora [redacted] Muse
6. Mother's Maiden Name, Elenora [redacted] Coleman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Reuben Benjiman Muse
9. Father's Occupation, Waiter
10. Father's Birthplace, Westmoreland County Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E Knowles

Address, 1829 East Pratt Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14960

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 11 1889
4. *Place of Birth, (Street and Number)* 1088 Front St.
5. *Full Name of Mother,* L. Worden
6. *Mother's Maiden Name,* L. Paul,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. Worden,
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 E. Monument St. cor. Central ave

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14961

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 11 — 1889
4. Place of Birth, (Street and Number) No 7 N. Caroline St.
5. Full Name of Mother, Ellen Jenkins
6. Mother's Maiden Name, Hadenbuerger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hamilton Jenkins
9. Father's Occupation, Advertiser
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Steiner

Address, 1427 E. Fratt St.

Remarks,

DEC 4 1889

HEALTH DEPARTMENT

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 14962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Castle 680
4. *Place of Birth, (Street and Number)* September 11889
5. *Full Name of Mother,* Lathia Hohman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germamen
8. *Full Name of Father,* Frank Hohman
9. *Father's Occupation,* capmer
10. *Father's Birthplace,* Germamen

Name of Medical Attendant, or other person who makes this Return. Mary Shapter

Address,

Remarks, Wartington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14963

HEALTH DEPARTMENT SEP 13 89 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Sept 11th 1889
4. *Place of Birth, (Street and Number)* No 20 Heath St
5. *Full Name of Mother,* Sarah ~~[illegible]~~ Raffle
6. *Mother's Maiden Name,* Sarah Claypoole
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* John Raffle
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1608 ½ Charles Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Monday Sept 11th 89
4. *Place of Birth, (Street and Number)*	229 S. Eutaw St
5. *Full Name of Mother,*	Mrs Joseph A. Mathieu
6. *Mother's Maiden Name,*	Henrietta Gundlach
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph A. Mathieu
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Reynolds
Address,	800 Leadenhall St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 14965

1. *Sex, (State whether male or* [redacted]*e)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 11 septemper
4. *Place of Birth, (Street and Number)* Carl switch
5. *Full Name of Mother,* mary Spielman
6. *Mother's Maiden Name,* myer
7. *Mother's Birthplace,* daltmore
8. *Full Name of Father,* Charles Spielman
9. *Father's Occupation,* farmer
10. *Father's Birthplace,* daltmore

Name of Medical Attendant, or other person who makes this Return. Catherine Hunt

Address, 800 Seadenhall St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 11/89 — A 14966
4. *Place of Birth, (Street and Number)* 506 S. Bond
5. *Full Name of Mother,* Francisska Gotofski
6. *Mother's Maiden Name,* " Barundick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Gotofski
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Fred. W. Weber M.D.

Address, # 1721. Caulton Av.

Remarks,

have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SURANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, SEP 18 1889 BALTIMORE MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14967

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th of Sept. '89
4. *Place of Birth, (Street and Number)* 1509 Orleans St.
5. *Full Name of Mother,* Lena Bueberstein
6. *Mother's Maiden Name,* Piepen~~stein~~brinker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A. von Bueberstein
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Turnt

Address, 19 N. Eden St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14968

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (State whether male or female)* ~~White~~ female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th 1889
4. *Place of Birth, (Street and Number)* 2510. Streaver St
5. *Full Name of Mother,* Kate. ~~St~~ Haris
6. *Mother's Maiden Name,* Aherne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas. Haris
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S. P. Harington

Address, 924. Binney St

Remarks, —

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14969

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 sept
4. *Place of Birth, (Street and Number)* 229 Fulton Ave
5. *Full Name of Mother,* Lilie H Roberts
6. *Mother's Maiden Name,* Hammond
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Charles F Roberts
9. *Father's Occupation,* Conductor on B O R R
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. M J Lemon

Address, 339 Madison St

Remarks, Healthy child

OCT 4 1880

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the [illegible] become the duty of the person or parents of such child to report its birth to the Commission[illegible] in the manner and within the period above required, and any such person or persons who shall [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for [illegible] other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 14970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 12th 1889.
4. *Place of Birth, (Street and Number)* 1248 Barclay St.
5. *Full Name of Mother,* Anna J. Procter
6. *Mother's Maiden Name,* Anna Donaldson
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John H. Procter
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. B. Hartman

Address, 1137 York road Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14971

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 12th 1889
4. *Place of Birth, (Street and Number)* 1367 Whatcoat St
5. *Full Name of Mother,* Caroline Briscoe
6. *Mother's Maiden Name,* Caroline Jones
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Thomas Briscoe
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Rollins

Address, 610 Vincent Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] ed by the Commissioner of month, and shall set forth as far as the same can be ascertained, the full name [illegible] this or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 149 72

SEP 2 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 12th 189
4. *Place of Birth, (Street and Number)* 1933 C - Fayette St
5. *Full Name of Mother,* Virgie Marie Tawes
6. *Mother's Maiden Name,* " " Himenez
7. *Mother's Birthplace,* Kingston Jamaica
8. *Full Name of Father,* John Hyslop Tawes
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Accomac Co Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 1829 East Pratt Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Sixth

1. *Sex, (state whether male or female)* Fenale
2. *Race or color, (if not of the white race)* Colerd race
3. *Date of Birth,* 12th September
4. *Place of Birth, (Street and Number)* Carroll md
5. *Full Name of Mother,* Anna M Hughe
6. *Mother's Maiden Name,* Hunter
7. *Mother's Birthplace,* Howard Cond
8. *Full Name of Father,* Moses F Hugh
9. *Father's Occupation,* hard carry
10. *Father's Birthplace,* Mongnes Cond

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll PO Md

Remarks,

A 1497

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 14974

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex,* (~~state whether~~ *male* ~~or female~~)
2. *Race* ~~or Color~~, *(if not of the white race)* —
3. *Date of Birth,* Septbr 12th 1889
4. *Place of Birth, (Street and Number)* 107 Weber St
5. *Full Name of Mother,* Julia Hain
6. *Mother's Maiden Name,* Julia Pons
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John E Hain
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Jwm Correll MD

Address, 409 S. Sharp St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female — A 14975
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 12th 11:10 A M 1889
4. Place of Birth, (Street and Number) 2005 E Lombard St
5. Full Name of Mother, Kate E. Dietz
6. Mother's Maiden Name, K. E Archbald
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry Slicer Dietz
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. James E. Donnelly M.D

Address, 1701 E Baltimore St.

Remarks,

SEP 23 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 14976

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 12th 1889
4. *Place of Birth, (Street and Number)* 115 N Fanland
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Pinder
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D

Address, Reiby Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A 14977

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth.* September 12 1889
4. *Place of Birth, (Street and Number)* Wilkins Ave N 2041
5. *Full Name of Mother,* Thanner R griffin
6. *Mother's Maiden Name,* Thanna hers
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Albert griffin
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child U 14978

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race) White
3. Date of Birth, 12th of September 1889
4. Place of Birth, (Street and Number) 1905 East Fayette Street
5. Full Name of Mother, Lizzie Jane Pike
6. Mother's Maiden Name, Lizzie Jane Kahn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward J. Kahn
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel st. per Justina Kunkel

Remarks, Healthy.

SEP 14 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 14979

1. *Sex, (state whether male or female)* Female. Laurate
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 September 1889
4. *Place of Birth, (Street and Number)* 329 Pearl street
5. *Full Name of Mother,* Lina Bear
6. *Mother's Maiden Name,* Lina Cohen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charle ~~Cohen~~ Bear
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] Health. This schedule shall contain a list of the births which have been [illegible] under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14980

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Albemarle street 115
4. *Place of Birth, (Street and Number)* 12 September 1889
5. *Full Name of Mother,* Katie Rupp
6. *Mother's Maiden Name,* " Neubert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julis Rupp
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 115

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14981

HEALTH DEPARTMENT, OCT 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Cop
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Septembre
4. Place of Birth, (Street and Number) 841 Greenmounth Av.
5. Full Name of Mother, Catherine Copne
6. Mother's Maiden Name, — Durchin
7. Mother's Birthplace, Rosscommon Irland
8. Full Name of Father, Patrick Copne
9. Father's Occupation, —
10. Father's Birthplace, Rosscommon Irland

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent. Av.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14982

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 12, '89
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Mollie Sants
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male Louis
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 September 1889
4. *Place of Birth, (Street and Number)* 109 Albemarle street
5. *Full Name of Mother,* Rachel Naviesky
6. *Mother's Maiden Name,* " Maranose
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Gabriel Naviesky
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Russia E Sc

Name of Medical Attendant, or other person who makes this Return. E Seherman

Address, Albemarle st N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14984

OCT 3 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 12.
4. *Place of Birth, (Street and Number)*	837 Lemden Ave.
5. *Full Name of Mother,*	Leothe Barton
6. *Mother's Maiden Name,*	Emmals
7. *Mother's Birthplace,*	Eston Md
8. *Full Name of Father,*	Joseph Barton
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Eston Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	701 Tyson st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] to be recovered as other [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

14985

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight ~~2nd~~ child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	September, 12 1887
4. *Place of Birth, (Street and Number)*	1024 Russel terrace
5. *Full Name of Mother,*	Mary Harrison
6. *Mother's Maiden Name.*	Mary Washington
7. *Mother's Birthplace,*	Charles Co Md
8. *Full Name of Father,*	George Harrison
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Charles Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary A Jones
Address,	121 Saratoga St
Remarks,	

OCT 7 1887

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, it shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

over

RETURN OF A BIRTH

A. 14986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Mary Pokarny

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* ~~Boy~~ Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 2, 1889
4. *Place of Birth, (Street and Number)* Dambarg 816
5. *Full Name of Mother,* Mary Reacharz
6. *Mother's Maiden Name,* Pakarny
7. *Mother's Birthplace,* Bahemen
8. *Full Name of Father,* Jacab Pokarny
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bahemen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address,

Remarks, Washington 205

HEALTH DEPARTMENT SEP 12 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 14987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* M.
2. *Race or Color (if not of the white race)* W.
3. *Date of Birth* 12th Sept 3rd
4. *Place of Birth (Street and Number)* 718 North Av.
5. *Full Name of Mother* Lotta Nauenburg
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Louisville Ky.
8. *Full Name of Father* Edmund Nauenburg
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Christopher Johnston

Address 201 W. Franklin St.

Remarks 1st born.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12th. 89
4. *Place of Birth, (Street and Number)* 672 W. Franklin St.
5. *Full Name of Mother,* Mattie Jones
6. *Mother's Maiden Name,* Mattie Ball
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohle, M. D.

Address, 1203 W. Fayette St.

Remarks,

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child. A 14989

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 12 1889
4. Place of Birth, (Street and Number) James alley 1119
5. Full Name of Mother, Carrie Tailor
6. Mother's Maiden Name, Carrie Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Tailor
9. Father's Occupation, Shoe Factory.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Casley

Address, 213 E. Heath St.

Remarks, Doing Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1 A 14990

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Light brown skin
3. *Date of Birth,* 12th of sep 1889
4. *Place of Birth, (Street and Number)* 640 hoffman st
5. *Full Name of Mother,* Rose Hawkins
6. *Mother's Maiden Name,* Bose Hawkins
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* John Wooden
9. *Father's Occupation,* steve door ~~Baltimore City~~
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address, Clinton ave

Remarks,

SEP 16 1889

BALTIMORE, MD.

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14991

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 12 th 1889
4. *Place of Birth, (Street and Number)*	No 1017 Greens court
5. *Full Name of Mother,*	Barbara Kauffman
6. *Mother's Maiden Name,*	Barbara Snyder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Kauffman
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Horang
Address,	No 1517 Byrd st
Remarks,	

SEP 1889

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

J. G. SHLANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14992

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 12th
4. Place of Birth, (Street and Number) 713 E. Fayette St
5. Full Name of Mother, Maggie Frederick
6. Mother's Maiden Name, Tren
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Frederick
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ulrika Goetzke

Address, 114 S Bond St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 9-2-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie ~~Elizabeth~~ Pinning A. 14993

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 12 th 1889
4. Place of Birth, (Street and Number)	1504 N. Bond St,
5. Full Name of Mother,	Annie B. Pinning
6. Mother's Maiden Name,	Annie B. Evans,
7. Mother's Birthplace,	Balt. Md,
8. Full Name of Father,	John H. Pinning,
9. Father's Occupation,	Contractor & Builder,
10. Father's Birthplace,	Balt. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	~~X~~ Calvert & Preston Sts,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 7 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-16-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Joseph McQuade

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. *Sex, (state whether male or female)* Male

A 14994

2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12th 1889
4. *Place of Birth, (Street and Number)* 2129 Oliver Street
5. *Full Name of Mother,* Henrietta McQuade
6. *Mother's Maiden Name,* Henrietta Morrison
7. *Mother's Birthplace,* Harrisonburg Va
8. *Full Name of Father,* Frank C. McQuade
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1301 N. Central Ave

Remarks,

HEALTH SEP 17 1889 BALTIMORE MD

[illegible] shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-6-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: Maurice Natkin

A 14995

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12. 1889
4. Place of Birth, (Street and Number) 808 Hanover St.
5. Full Name of Mother, Lena Natkin
6. Mother's Maiden Name, Lena Lazarus
7. Mother's Birthplace, Russia
8. Full Name of Father, Mickell Natkin
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs R Goldsmith

Address, 119 N Paca St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 14996

	Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White race
3.	*Date of Birth,*	Sep. 13th 1889
4.	*Place of Birth, (Street and Number)*	1039 Ridgely St. Baltimore,
5.	*Full Name of Mother,*	Minnie Weitbrecht.
6.	*Mother's Maiden Name,*	Minnie Rider
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Conrad Weitbrecht.
9.	*Father's Occupation,*	Cooper.
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return.	Mrs Bangl
	Address,	711 Cross St
	Remarks,	

OCT 1 1889

BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the pr... of a certificate between the first and third day of each and every month to the office of ... th. In case the birth of any child shall occur without the attendance of a physicia... or other person should no other person be in attendance upon the mother, immediately the ... become aware of the person or parents of such child to report its birth to the Commissioner of ... in the manner and ... period above required, and any such person or persons who shall hereafter fail to comply with ... provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be ... forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

14997

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th Child

1. *Sex, (state whether ~~male or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 13 th 1889
4. *Place of Birth, (Street and Number)* S. Ann St No 333
5. *Full Name of Mother,* Katie Waters
6. *Mother's Maiden Name,* Katie Ribick
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaiah Waters
9. *Father's Occupation,* Rigger
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N Dallas St No 914

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14998

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13. Sep
4. Place of Birth, (Street and Number) 207 N. Spring st
5. Full Name of Mother, Maggie Taylor
6. Mother's Maiden Name, " " Wayman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Taylor
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulbig

Address, 1302 Holland st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14999

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ~~4~~

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race), White
3. Date of Birth, 13th Sept.
4. Place of Birth (Street and Number), 1023. Hillen St
5. Full Name of Mother, Mary Renolds
6. Mother's Maiden Name, Mary Massion
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Michal Renoldes
9. Father's Occupation, Polic
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Zink.

Address, ~~XX~~ 907 Hillen St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15000

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 13./89
4. *Place of Birth, (Street and Number)* 9 Penn St.
5. *Full Name of Mother,* Agnes Anna Fury
6. *Mother's Maiden Name,* Agnes Anna Lestner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas. W. Fury
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15001

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 13th 1859
4. *Place of Birth, (Street and Number)*	205 St. Paul Place
5. *Full Name of Mother,*	Rosa A. Alexander
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	Chas. K. Cassell
9. *Father's Occupation,*	House Painter
10. *Father's Birthplace,*	Biddle st Baltimore city
Name of Medical Attendant, or other person who makes this Return.	Susan Curtis
Address,	23 N Paca St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 015002

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13. 1889.
4. Place of Birth, (Street and Number) 107 Montgomery St
5. Full Name of Mother, Leah Rosenberg.
6. Mother's Maiden Name, Leah Rosen
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Rosenberg.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Goldsmith.

Address, 119 High St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15003

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13. 1889
4. Place of Birth, (Street and Number) 119 N High St.
5. Full Name of Mother, Bessie Parker
6. Mother's Maiden Name, Bessie Goldsmith
7. Mother's Birthplace, Warsaw Russia
8. Full Name of Father, Isaac Parker
9. Father's Occupation, Merchant
10. Father's Birthplace, Russa

Name of Medical Attendant, or other person who makes this Return. Mrs R Goldsmith

Address, 119 High St

Remarks,

OCT 2 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15004

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White - Jew.
3. *Date of Birth,* Sept. 13th '89
4. *Place of Birth (Street and Number),* 7 Arch St.
5. *Full Name of Mother,* G. Litchenberg
6. *Mother's Maiden Name,* G. Pollack
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* I. Litchenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

This schedule shall contain a list of the births which have occurred under [illegible] or her care during the month, and shall set forth as far as the same can be ascertained the full name of [illegible] child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and [illegible] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Robbins - Clarke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or~~ female) (A) 13605

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, 9-13-89

4. Place of Birth, (Street and Number) 519 N. Stricker st.,

5. Full Name of Mother, Mary Imogene Clarke

6. Mother's Maiden Name, McKee

7. Mother's Birthplace, Prince Georges Co., Md.

8. Full Name of Father, Frank Macon Clarke

9. Father's Occupation, Carpenter

10. Father's Birthplace, Prince Georges Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Lulu Eastman

Address, 772 Lexington St

Remarks, Natural Labor GIVEN NAME ADDED 3-14-54 L.M.

HEALTH DEPARTMENT SEP 13 1889 BALTIMORE

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15006

SEP 14 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. *Sex, (State whether male or female)*	Boy.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	13th of September 1889.
4. *Place of Birth, (Street and Number)*	207 North Chapel st.
5. *Full Name of Mother,*	Katie Bressman.
6. *Mother's Maiden Name,*	Katie Brickner
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Joseph Brickner.
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel st. for Justina Kunkel.
Remarks,	Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1500

SEP 14 1889 BALTIMORE

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* 13th of September 1889
4. *Place of Birth, (Street and Number)* 2024 Orleans & Canal st.
5. *Full Name of Mother,* Georgea Deitz
6. *Mother's Maiden Name,* Georgea Kehler.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Kehler
9. *Father's Occupation,* Liquor Dealer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel st. per Crescentia Kunkel

Remarks, Healthy.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Edward Ross 15008

A

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 day of September 1889
4. *Place of Birth, (Street and Number)* 815 Wordward Street
5. *Full Name of Mother,* Bethris Ross
6. *Mother's Maiden Name,* Bethris Munn
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* William H. Ross
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Edward Grumpler

Address, 511 Sayre Street

Remarks, Name added May 5-1936 by undersigned after identification of self and certificate John E Ross

CWP

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 15009

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 13th 1889

4. Place of Birth, (Street and Number) 218 N. Greene St.

5. Full Name of Mother, Anna M. Gahm

6. Mother's Maiden Name, Anna M. Segring

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Gahm

9. Father's Occupation, Tailor

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. F. Keller MD

Address, 639 Franklin St.

Remarks,

HEALTH EXPIRES OCT 2 1889

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been confirmed,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 15010

1. *Sex, (state whether male or female)* ~~Boy~~. Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 13 September
4. *Place of Birth, (Street and Number)* Eutaw Court 323
5. *Full Name of Mother,* Mary Dorsey.
6. *Mother's Maiden Name,* Saint Mary's County.
7. *Mother's Birthplace,* Mary Harris
8. *Full Name of Father,* Benjamin Harris
9. *Father's Occupation,* Oyster Shocker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Celestia Cook.

Address, 1088 Sheilder alley.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15011

Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

(*state whether Male or Female*) female

or Color (*if not of the white race*) Colored

of Birth Sept 14th

of Birth (*Street and Number*) 226 West Cross st

Name of Mother Mrs Rachel Johnson

r's Maiden Name Miss Rachel Smith

r's Birthplace Harford County

Name of Father John Archer Johnson

r's Occupation Laborer

r's Birthplace North Carolina

of Medical Attendant, or other Person who makes this return Charity Dr Boulden
No 808 Stockholm St.

ess

rks Patient is doing well

NY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

15012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secim Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 14 Oct
4. *Place of Birth, (Street and Number)* 211 Pearl St
5. *Full Name of Mother,* Mary Luesia Carrill
6. *Mother's Maiden Name,* Mary Luesia Crowell
7. *Mother's Birthplace,* Owens Mills.
8. *Full Name of Father,* Frank Lenard Carrill
9. *Father's Occupation,* Hucture.
10. *Father's Birthplace,* North Carolinia

Name of Medical Attendant, or other person who makes this Return. Selesta K Cook

Address, 108 ~~[illegible]~~ Schaal avenue

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15013

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th Sept
4. Place of Birth, (Street and Number) 1733 McHenry St
5. Full Name of Mother, Emma F. Pruitt
6. Mother's Maiden Name, Cornthwait
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Edward B. Pruitt
9. Father's Occupation, Can maker
10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other person who makes this Return. M J Lemon

Address, 337 Wordyan St

Remarks, healthy child

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] nurse, or should no other person be in attendance upon the mother, immediately [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] forfeitures are recoverable.

BALTIMORE CITY, OCT 4 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female), Female,

2. Race or Color (if not of the white race), White,

3. Date of Birth, September 14 th.

4. Place of Birth (Street and Number), # 848 Columbia Ave.

5. Full Name of Mother, Mary Fisher,

6. Mother's Maiden Name, Hoffman,

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Henry Fisher,

9. Father's Occupation, Express Wagon Driver

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. Louis V. Clendaniel

Address, N.E. Cor. Columbia & Penna Aves.

Remarks,

A 150144

OCT 2 1899

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. That any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Publishing Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 1888

A 13015

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th Sept
4. *Place of Birth, (Street and Number)* 902. N. Dallas. st
5. *Full Name of Mother,* Carrie Schaffle
6. *Mother's Maiden Name,* " Gesuich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schaffle
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. R Ulbrig

Address, 1302. Holland st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 10016

Name of child: David Ervin Whistler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 14
4. *Place of Birth, (Street and Number)* 819 Inc Henry Street
5. *Full Name of Mother,* Mary C Whister
6. *Mother's Maiden Name,* Mary C Potee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Whistler
9. *Father's Occupation,* ~~[illegible]~~ Laboar.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna M. Potee

Address, 1023 S. Charles Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15017

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of September
4. Place of Birth, (Street and Number) 2129 Md Henry Str
5. Full Name of Mother, Berta Hoog
6. Mother's Maiden Name, Berta Heins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Hoog
9. Father's Occupation, Stone Mason
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Friedericke Heuler Midwife

Address, 2116 West Pratt Str

Remarks,

OCT 1 1899

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the period above required, and any such person or persons who shall hereafter fa[illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15018

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th Sept 1889
4. *Place of Birth, (Street and Number)*	15'00 Boyle St
5. *Full Name of Mother,*	Elizabeth Casmire
6. *Mother's Maiden Name,*	Kern
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis L Casmire
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yarnell
Address,	516 Front Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 15019

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 14th Sep.
4. *Place of Birth, (Street and Number)* 603 Hamburg.
5. *Full Name of Mother,* Mollie Hainke.
6. *Mother's Maiden Name,* Mollie Heinemann.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Julius Hainke.
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Bunge

Address, 711 Cross St

Remarks,

HEALTH DEPARTMENT, 1889, BALTIMORE

This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 150720

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	September 14 1889
4. *Place of Birth, (Street and Number)*	169 Harrison
5. *Full Name of Mother,*	Ida Kaufholz
6. *Mother's Maiden Name,*	" Dornburg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Reuben Kaufholz
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	David Steele MD
Address,	403 S. Exeter St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15021

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 14 1869
4. *Place of Birth, (Street and Number)*	426 Colvin
5. *Full Name of Mother,*	Eleanor Kletch
6. *Mother's Maiden Name,*	" Bradley
7. *Mother's Birthplace,*	Hanford Co. Md.
8. *Full Name of Father,*	Richard G. Kletch
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Daniel Kletch MD
Address,	403 N. Gaten -
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15072

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14th 1889 10 03 AM
4. Place of Birth, (Street and Number) 115 E Fombard
5. Full Name of Mother, Leah Cameron
6. Mother's Maiden Name, Leah Struthers
7. Mother's Birthplace, Scotland
8. Full Name of Father, David Cameron
9. Father's Occupation, Iron Ship Builder
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. William J. Todd MD

Address, Presby Maternité

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-6-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jay H. Berkman

A 15023

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th (fifth)
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 14th '89.
4. *Place of Birth (Street and Number),*	521 S. Greene str.
5. *Full Name of Mother,*	Hannah Berkman
6. *Mother's Maiden Name,*	Katz
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Julius Berkman
9. *Father's Occupation,*	Stock-Clerk
10. *Father's Birthplace,*	Königsberg, Germany.
Name of Medical Attendant, or other person who makes this Return.	Ludwig Hammer, M.D.
Address,	1171 E. & 403 W. Lombard str.
Remarks,	non to make.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15024

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 14. th 1889
4. *Place of Birth, (Street and Number)*	No 36 Garrison Lane
5. *Full Name of Mother,*	Mrs A Arnold
6. *Mother's Maiden Name,*	Miss A Staff
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Mr L Arnold
9. *Father's Occupation,*	Schoemaker
10. *Father's Birthplace,*	Battenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

HEALTH DEPARTMENT SEP 21 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15-025

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Boy and Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 14th 1899
4. *Place of Birth, (Street and Number)*	No. 102 Steffens Str
5. *Full Name of Mother,*	Mrs C. Küfe
6. *Mother's Maiden Name,*	Miss C. Bohlbau
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Mr H. Küfe
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Remark. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 21 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15026

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14th 1889
4. Place of Birth, (Street and Number) No: 28 Marriot St.
5. Full Name of Mother, ~~No: 28 Marriot St~~ Mary Bachmann
6. Mother's Maiden Name, Mary Keohler.
7. Mother's Birthplace, Germany
8. Full Name of Father, Cristopf Bachmann
9. Father's Occupation, Laborworker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-19-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15027

Maria Catherine Machemull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Sept. 1889
4. Place of Birth, (Street and Number) 1011 Fisquith St.
5. Full Name of Mother, Mary Stiffel
6. Mother's Maiden Name, Machemull
7. Mother's Birthplace, Unterheimbach (Wurtemburg)
8. Full Name of Father, Frank Machemull
9. Father's Occupation, Farmer
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Central Ave

Remarks,

OCT 3 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Henry T. Arnold

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 14th /89.
4. Place of Birth, (Street and Number) 1342. W Mosher St,
5. Full Name of Mother, Mary A. Arnold,
6. Mother's Maiden Name, Mary A. Haines,
7. Mother's Birthplace, Carroll Co. Md.,
8. Full Name of Father, Henry T. Arnold,
9. Father's Occupation, Policeman,
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. John I. R. Krozer M.D.

Address, 662. W Lexington St.

Remarks,

A 15648 HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15029

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14 1889
4. *Place of Birth, (Street and Number)* 758 Columbia Avenue
5. *Full Name of Mother,* Susie Getling
6. *Mother's Maiden Name,* rose Stafer
7. *Mother's Birthplace,* born in richmond va
8. *Full Name of Father,* Edward getling
9. *Father's Occupation,* Clerch
10. *Father's Birthplace,* philladelpha

Name of Medical Attendant, or other Person who makes this Return. Sarah Duball

Address, 219 Jasper St

Remarks,

HEALTH DEPARTMENT, SEP 16 1889 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 15030

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), — White
3. Date of Birth, 14 September 1859
4. Place of Birth (Street and Number), 2223 N Charles
5. Full Name of Mother, Elsie B Tough
6. Mother's Maiden Name, " Bevan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lyttleton Tough
9. Father's Occupation, Merchant England
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. C B Gamble MD

Address, 92 S Catherdal

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep the 14th 1889
4. Place of Birth, (Street and Number) the Lindens Edmonson A.V extended
5. Full Name of Mother, Mrs Ellen Fallon
6. Mother's Maiden Name, Ellen McGrenahan
7. Mother's Birthplace, County Tyrone Ireland
8. Full Name of Father, Bernard Fallon ~~Co Mayo Ireland~~
9. Father's Occupation, Labourer
10. Father's Birthplace, Co Meyo Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah A Piquett

Address, Carroll P.O. Baltimore Md

Remarks, the house the childe was born in is not in the City limits by a few hundred feet but part of the farm is

SEP 17 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, A 15032

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 14 - 1889
4. Place of Birth (Street and Number) 1613 Division St
5. Full Name of Mother Annie Sherbonnier
6. Mother's Maiden Name " Case
7. Mother's Birthplace St Louis, Mo
8. Full Name of Father Edward G. Sherbonnier
9. Father's Occupation Merchant
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett, M.D.

Address 650, Mosher St

Remarks

FILED DEPARTMENT, SEP 17 1889 BALTIMORE, MD.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15033

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 14th
4. Place of Birth, (Street and Number)	2113 Bank St
5. Full Name of Mother,	Alice Wolf
6. Mother's Maiden Name,	n Muller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Wolf
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S Bond St.
Remarks,	

SEP 17 1888

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to make such return in accordance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Sixth (6th)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 14th 1889
4. Place of Birth, (Street and Number) No. 1626 East Baltimore Street
5. Full Name of Mother, Mrs. Caroline Clemm Crook
6. Mother's Maiden Name, Miss Caroline E. Rollins
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Daniel Crook
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 1700 East Fayette St. cor Broadway

Remarks, Nurse - Mrs. Sarah E. Diamond

Residence - No. 2418 East Fayette Street

15034

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to which this section applies, such fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15035

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 14 89

4. Place of Birth, (Street and Number) N° 303 S. Durham St.

5. Full Name of Mother, Kate Storage

6. Mother's Maiden Name, Kaas

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Julius Storage

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington Av.

Remarks,

OCT 7 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of this city, or should no other person be in attendance upon the mother, immediately thereafter such duty shall devolve upon the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Col.
3. *Date of Birth,* Sept 14th / 889
4. *Place of Birth, (Street and Number)* 235 East St
5. *Full Name of Mother,* May Q. Howard
6. *Mother's Maiden Name,* " " Crosle
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas H Howard
9. *Father's Occupation,* Ice Cream Dealer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Ann her X mark Campher

Address, 1401 Union Alley

Remarks,

A 15036

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, September 15th 1889
4. Place of Birth, (Street and Number) No 119 Diamond St
5. Full Name of Mother, Julia Hawkins
6. Mother's Maiden Name, " Braxton
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, James Hawkins
9. Father's Occupation, Mechanic
10. Father's Birthplace, Prince George Co Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) ~~Male~~ Girl
2. Race or color, (if not of the white race) ~~Col~~ White
3. Date of Birth, Sept 15
4. Place of Birth, (Street and Number) 25 18 E. North Ave A. 15038
5. Full Name of Mother, Emma Luken
6. Mother's Maiden Name, Emma Grinder
7. Mother's Birthplace, Balto
8. Full Name of Father, ~~Clark~~ August H. Luken
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary Walter

Address, # 523 N. Carolina St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BIRTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. A 16039

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 15 1889.
4. *Place of Birth, (Street and Number)* 1141 Argyle Ave.
5. *Full Name of Mother,* Annie Bailey
6. *Mother's Maiden Name,* Borse
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Sydnor Bailey
9. *Father's Occupation,* Commercial Traveler
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. J. D. Christian M.D.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 150140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st " Child.
1. Sex, (State whether male or female)	Girl
2. Race or color, (if not of the white race)	White
3. Date of Birth,	15th " of September 1889
4. Place of Birth, (Street and Number)	223. North Ann street.
5. Full Name of Mother,	Barbra Schönate.
6. Mother's Maiden Name,	Barbra Lennen.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Lennen.
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. for Justina Kunkel.
Remarks,	Healthy.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 10-3-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minerva Agnes Cox

A 15041

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 15th 1889
4. Place of Birth, (Street and Number) No. 15 West Barney St
5. Full Name of Mother, Elizabeth Cox
6. Mother's Maiden Name, Elizabeth Pepperklien Klinefelter
7. Mother's Birthplace, Carroll Co. md
8. Full Name of Father, Charles Cox
9. Father's Occupation, Conductor on B & O R R
10. Father's Birthplace, Baltimore Co md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 E Charles St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 15042

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th.
4. *Place of Birth, (Street and Number)* 829 Franklin St
5. *Full Name of Mother,* Mrs. Ophelia Snyder
6. *Mother's Maiden Name,* " Egger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John G. Snyder
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Henry F Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been [illegible]) the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child A. 15043

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15th 1889
4. Place of Birth, (Street and Number) N. Bond St No 426
5. Full Name of Mother, Sophia White
6. Mother's Maiden Name, Sophia Bira
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles. White
9. Father's Occupation, Can maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15044

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'
3. *Date of Birth,* Sept 15 '89
4. *Place of Birth, (Street and Number)* 201 Parish St
5. *Full Name of Mother,* Harriet Walin
6. *Mother's Maiden Name,* Harriet Swan
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Perry Walin
9. *Father's Occupation,* Lab'
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child. A 15045

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 15th /89.
4. *Place of Birth, (Street and Number)* #1910 W. Lombard St.
5. *Full Name of Mother,* Lena Schonfelter.
6. *Mother's Maiden Name,* " " Fischer
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry. Schonfelter.
9. *Father's Occupation,* Hair Spinner
10. *Father's Birthplace,* Washington.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106 S. Monroe St.

Remarks,

HEALTH DEPARTMENT, OCT 2 1889 BALTIMORE

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] of midwifery, or should no other person be in attendance upon the mother, [illegible] become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons [illegible] fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] for each offense [illegible] recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15046

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8, Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 15th/89.
4. *Place of Birth, (Street and Number)* #1722. Gombard St.
5. *Full Name of Mother,* Mary Rosendale
6. *Mother's Maiden Name,* Geiger.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Rosendale
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106. S. Monroe St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or the person or parents of such child, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 150447

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 15th
4. *Place of Birth, (Street and Number)*	Knaces court # 1245
5. *Full Name of Mother,*	Mary Whelan
6. *Mother's Maiden Name,*	Mary E Connor
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas E Whalen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Prince Georges Co Md
Name of Medical Attendant, or other person who makes this Return.	Mr Conway
Address,	Battery Avenue 1230
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15044

SEP 21 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 15th 1889
4. *Place of Birth, (Street and Number)*	No. 203 Bauteloe Str
5. *Full Name of Mother,*	Mrs A. Wagner
6. *Mother's Maiden Name,*	Mrs A Schwinn
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Mr H. Wagner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Saxen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored Race
3. Date of Birth, 15th of September
4. Place of Birth, (Street and Number) Carroll Md. Dorsey Street No 17.
5. Full Name of Mother, Mary Elizabeth Rogers.
6. Mother's Maiden Name, Mary Elizabeth Carroll
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, William H. Rogers.
9. Father's Occupation, Hard Carry
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hughes

Address, Carroll post office Baltimore M.D.

Remarks,

A 15049

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15050

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 15th 1889
4. *Place of Birth, (Street and Number)* 910 Hollins St
5. *Full Name of Mother,* Annie Devaux
6. *Mother's Maiden Name,* Annie Connelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Louis A. Devaux
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Baltimore. Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pippelton St

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15051

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 15th 1889

4. Place of Birth, (Street and Number) 414 Gownsend St

5. Full Name of Mother, Susan Merryman

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Balto Md

8. Full Name of Father, T. J. Merryman

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Book Keeper

Name of Medical Attendant, or other Person who makes this Return Wm Gombel M.D.

Address, 128 N. Lee St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15052

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th
4. *Place of Birth, (Street and Number)* 415 Solons Court
5. *Full Name of Mother,* Mary Flynn
6. *Mother's Maiden Name,* " Feeney
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Dominick Flynn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Morrigan

Address, 412 Scott St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15053

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the white race~~)*
3. *Date of Birth,* Sept 15th 1889
4. *Place of Birth, (Street and Number)* 1929 Eutaw Place
5. *Full Name of Mother,* Ida Gutman
6. *Mother's Maiden Name,* Ida Newburger
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Louis A. Gutman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Thos. S. Latimer

Address, 1213 Eutaw Place

Remarks, No chloroform. No trouble but protracted.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15034

HEALTH DEPARTMENT SEP 21 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 15th 1899
4. Place of Birth, (Street and Number) No. 24 Loudon Ave
5. Full Name of Mother, Barbera Reich
6. Mother's Maiden Name, Barbera Weidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakob Reich
9. Father's Occupation, Laborworker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 150555

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 15/89
4. Place of Birth, (Street and Number) No 2014 E Fayette St
5. Full Name of Mother, Sophie Coburn
6. Mother's Maiden Name, Garboth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jefferson Coburn
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18056

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Male Wooley

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 September 1889
4. Place of Birth, (Street and Number) 426 Watson street
5. Full Name of Mother, Mary Greenberg
6. Mother's Maiden Name, Mary Winetrope
7. Mother's Birthplace, Russia
8. Full Name of Father, Moret Greenberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Ed Schermann

Address, Albemarle St cor 103

Remarks,

OCT 2 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15057

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Forth child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	September 15
4. *Place of Birth, (Street and Number)*	Baltimore, Hare St 1233
5. *Full Name of Mother,*	Catherina Peterson
6. *Mother's Maiden Name,*	Catherina Hansen
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Peter A Peterson
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Norway
Name of Medical Attendant, or other person who makes this Return.	D Licensure
Address,	Hare St 1225
Remarks,	

HEALTH DEPARTMENT BALTIMORE 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-16-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Elizabeth Keyser A. 15058

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 15 — 1849
4. Place of Birth, (Street and Number) 1121 Granby St.
5. Full Name of Mother, Louise Henryette Keyser
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Keyser
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St

Remarks,

HEALTH DEPARTMENT, OCT 4 1849

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15059

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 15/89
4. *Place of Birth, (Street and Number)*	1609 W Fayett St
5. *Full Name of Mother,*	Sarah a. Smith
6. *Mother's Maiden Name,*	Sarah a. Warren
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	J. Henry Smith
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	L. B. Pacetti M D
Address,	1124 Druid Hill Ave
Remarks,	Child only lived half an hour - a premature birth. I judge about seven months. also cord was twisted about neck + leg.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15060

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 15th 1889
4. *Place of Birth, (Street and Number)* 1475 Ridgley st
5. *Full Name of Mother,* Elizabeth Knouse
6. *Mother's Maiden Name,* " Stanger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo Knouse
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J M D Blake M

Address, Cor S Pacas st

Remarks This was a premature birth at about 7 Months

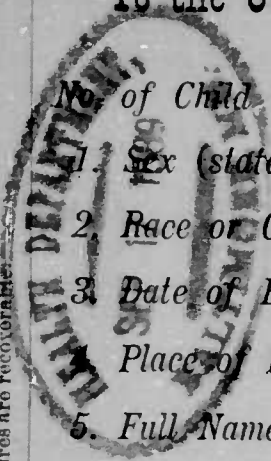
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place shall be a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1889 BALTIMORE MD.



A 15061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Whit
3. Date of Birth, 15 of September 1889
4. Place of Birth (Street and Number), 629 Breadford Alle
5. Full Name of Mother, Lizzie Duder
6. Mother's Maiden Name, Lizzie Hedrik
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Duder
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille Midwife

Address, 207 N. Castle Street

Remarks, — — —

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15062

SEP 17 1889

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept 15 89.

4. Place of Birth, (Street and Number) 710 Hanover Lane,

5. Full Name of Mother, Martha Hall

6. Mother's Maiden Name, Not Known

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Not Known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Irvin Eberaugh

Address, 622 N. Lombard

Remarks, Sept 17 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner in like manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16063

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 15th 1889.
4. *Place of Birth, (Street and Number)* 924 Ridgely St.
5. *Full Name of Mother,* Helen Agnes Auer.
6. *Mother's Maiden Name,* " " Fisher.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Philip P. Auer.
9. *Father's Occupation,* Glazier.
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

OCT 3 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-16-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene ~~Cecilia~~ Cecelia Calvert

A 15064

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 15 "89
4. Place of Birth, (Street and Number) 329 S Calhoun St
5. Full Name of Mother, Lucy Virginia Calvert
6. Mother's Maiden Name, " " Katon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Bishop G. Calvert
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. S. S. Ullrich MD

Address, Pratt & Stricker Sts

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 17 1889 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15065

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Sept.
4. Place of Birth, (Street and Number) 902 Washington st.
5. Full Name of Mother, Julie Pies
6. Mother's Maiden Name, Thornung
7. Mother's Birthplace, Geisselbach Baiern
8. Full Name of Father, Peter Pies
9. Father's Occupation, carpenter
10. Father's Birthplace, Geisselbach Baiern

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Ave.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15066

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 15 Sept.
4. *Place of Birth, (Street and Number)* 1916 Spring St.
5. *Full Name of Mother,* Mary Murphy
6. *Mother's Maiden Name,* Mcdonald
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* Thomas Murphy
9. *Father's Occupation,* moulder
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other person who makes this Return. Emma Walker

Address, 928 Cath. St.

Remarks, —

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15067

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* September 16th 1889
4. *Place of Birth, (Street and Number)* No 208 N. Biddle
5. *Full Name of Mother,* Sarah White
6. *Mother's Maiden Name,* " Mantley
7. *Mother's Birthplace,* Mathews Co. Va.
8. *Full Name of Father,* Milton White
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* King and Queen Co Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Pusky Ave

Remarks,

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 65068

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16 Sept
4. *Place of Birth, (Street and Number)*	Lombert 1175
5. *Full Name of Mother,*	Julia Willer
6. *Mother's Maiden Name,*	Julia Willer
7. *Mother's Birthplace,*	Kore Hasen
8. *Full Name of Father,*	Jakob Willer
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Schumann
Address,	327 South Bond st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15069

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 16. 1889
4. *Place of Birth, (Street and Number)* No 2208 Boston & Elliott st
5. *Full Name of Mother,* Wilhelmena Brechtold
6. *Mother's Maiden Name,* Wilhelmina Schnetzer.
7. *Mother's Birthplace,* Germana –
8. *Full Name of Father,* Charles Brechtold
9. *Father's Occupation,* Laborer –
10. *Father's Birthplace,* Germana

Name of Medical Attendant, or other person who makes this Return. P. Liersmann.

Address, Hare St. 1225

Remarks,

HEALTH DEPARTMENT OCT 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15070

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 16 1889
4. *Place of Birth, (Street and Number)* 2720 Hilton St.
5. *Full Name of Mother,* Elizabeth Mitchell
6. *Mother's Maiden Name,* Elizabeth Kirsner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Mitchell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15071

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th
2. *Sex, (state whether male or female)* Colored Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* Sept 16. 1889
5. *Place of Birth, (Street and Number)* Bruce St 1530
6. *Full Name of Mother,* Mary Lester
7. *Mother's Maiden Name,* Mary Brown
8. *Mother's Birthplace,* West River Md.
9. *Full Name of Father,* Frank Lester
10. *Father's Occupation,* Farming
11. *Father's Birthplace,* West River Md

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1010 Vincent ave Locust Point

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15072

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 16th 1889
4. *Place of Birth, (Street and Number)* Gough St No 1419
5. *Full Name of Mother,* Augusta Hütter
6. *Mother's Maiden Name,* Augusta Arend
7. *Mother's Birthplace,* Lutterberg Prussia Germany
8. *Full Name of Father,* Carl Hütter
9. *Father's Occupation,* Salloon Keeper
10. *Father's Birthplace,* Eissenach. Saschen. Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 15073

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 16. 1889
4. *Place of Birth, (Street and Number)* 84 Garrison Lane
5. *Full Name of Mother,* C. Minnie Hermann
6. *Mother's Maiden Name,* Hoenes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John C. Hermann
9. *Father's Occupation,* Butcher,
10. *Father's Birthplace,* ~~[illegible]~~ Penn.

Name of Medical Attendant, or other Person who makes this Return. Edward H Condon MD

Address, 1403 Mt Fayette St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15074

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
2. *Sex, (state whether male or female)* ~~White~~ Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 15th Sep
5. *Place of Birth, (Street and Number)* 1818 E Lombard st
6. *Full Name of Mother,* Nelly Shaw Gluck
7. *Mother's Maiden Name,* Baltimore
8. *Mother's Birthplace,* Robt. Gluck
9. *Full Name of Father,* Grocery Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: Mrs R Ulbrig

Address, 1302 Holland st

Remarks,

OCT 4 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense as aforesaid, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15075

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept. 16th 1889.
4. *Place of Birth, (Street and Number)* #840 Hillen St.
5. *Full Name of Mother,* Kate Madden.
6. *Mother's Maiden Name,* " Welsh.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Patrick Madden.
9. *Father's Occupation,* Ice Dealer.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillegeist.

Address, #1038 E. Monument St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) African (Black).
3. Date of Birth, September 16th 1889.
4. Place of Birth, (Street and Number) # 2231. McElderry st.
5. Full Name of Mother, Ida Wilson.
6. Mother's Maiden Name, Ida Nichols.
7. Mother's Birthplace, Baltimore City. Maryland.
8. Full Name of Father, George E. Wilson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Philadelphia Pennsylvania.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis

Address, # 236. N. Chester st.

Remarks, Natural delivery

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15077

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 16 1899
4. *Place of Birth, (Street and Number)* 402 W. Lexington
5. *Full Name of Mother,* Elizabeth Jung
6. *Mother's Maiden Name,* " Mangold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Jung
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Susan Hunt

Address, 23 N Poppelton St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-11-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Kunnikunda Dorothea Popp A 15078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 16 1889
4. Place of Birth, (Street and Number) No. 324 Forrest Str
5. Full Name of Mother, Mrs A. Poff
6. Mother's Maiden Name, Miss A Miller
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Mr J. Poff
9. Father's Occupation, Driver
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Miss Hiller

Address, 2127 West Pratt Str

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the tenth 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Sep. 1889
4. Place of Birth, (Street and Number) 34 Dewberry Alby
5. Full Name of Mother, Lily Dorn
6. Mother's Maiden Name, X
7. Mother's Birthplace, X Balto
8. Full Name of Father, Herman Dorn
9. Father's Occupation, Leiher
10. Father's Birthplace, X Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs E. Seebach

Address, No 735 W. Pratt st.

Remarks,

HEALTH DEPARTMENT, OCT 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 16 of September
4. *Place of Birth, (Street and Number)* 921 Gerdon Alley
5. *Full Name of Mother,* Catchron R. Herriks
6. *Mother's Maiden Name,* Cathron R Barry
7. *Mother's Birthplace,* 921 Gerden Alley Baltimore Md
8. *Full Name of Father,* Edward F. Herriks
9. *Father's Occupation,* weater
10. *Father's Birthplace,* Archard St Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. lucy Connish 322 Rose St

Address,

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15081

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of September
4. Place of Birth, (Street and Number) Light st No, 1833
5. Full Name of Mother, Maggie Baumenn
6. Mother's Maiden Name, Maggie Saybold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paulus Baumen
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germaney

Name of Medical Attendant, or other person who makes this Return. E. S. Tully

Address, No, 1828 Light st,

Remarks, doing well

BALTIMORE, MD.

Baltimore under whose charge of superintendence a corps of [illegible] shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. In [illegible] birth of any child shall occur without the attendance of a physician or practitioner of midwifery or shoulder, other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 16/89
4. *Place of Birth, (Street and Number)* No 2548 Canton Ave
5. *Full Name of Mother,* Lisbeth Sause
6. *Mother's Maiden Name,* Theis
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jakob Sause
9. *Father's Occupation,* Storkeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington Sq.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15083

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth child

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16th of September
4. *Place of Birth, (Street and Number)* No. 930 Hamel St.
5. *Full Name of Mother,* Katie Veglajn
6. *Mother's Maiden Name,* Katie Reese
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* ~~[illegible]~~ Gun Veglajn
9. *Father's Occupation,* Arbajtr
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return

Address, Meri Prell

Remarks, Thames Str. 1627.

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second LA 13084

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 16th
4. *Place of Birth, (Street and Number)* 1109 Rage St
5. *Full Name of Mother,* Caroline Workman
6. *Mother's Maiden Name,* Caroline Hoffman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Workman
9. *Father's Occupation,* Labore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Minch

Address, Cor Lederhall and Montgomery St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 16th
4. Place of Birth, (Street and Number)	1906 E Fayette St
5. Full Name of Mother,	Emma Hartman
6. Mother's Maiden Name,	" Bauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ludwig Hartman
9. Father's Occupation,	Potter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S Bond St
Remarks,	

A 15085

BALTIMORE CITY SEP 17 1906

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents [illegible] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] the first and third day of each and every month to the office of the Commissioner of [illegible] of any child shall occur without the attendance of a physician or practitioner [illegible] person be in attendance upon the mother, immediately thereafter it shall [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply [illegible] provision [illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15086

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3rd
2. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 16th
4. *Place of Birth, (Street and Number)*	433 S. Chester St
5. *Full Name of Mother,*	Mary Coleman
6. *Mother's Maiden Name,*	Boltfinch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Coleman
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S Bond St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the [illegible] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] on the first and third day of each and every month to the office of the Commissioner of Health. [illegible] of any child shall occur without the attendance of a physician or practitioner [illegible] other person be in attendance upon the mother, immediately thereafter it shall be [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures [illegible] recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15087

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 16th 1889
4. *Place of Birth, (Street and Number)*	1204 E Baltimore St
5. *Full Name of Mother,*	Rebecca Rosenbaum
6. *Mother's Maiden Name,*	" Rosenfeld
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Rosenbaum
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw
Remarks,	born at 6 months gestation, lived about half an hour

Baltimore and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15088

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9tes

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17te of September 1889.
4. *Place of Birth (Street and Number),* S. Washington Str. No. 28.
5. *Full Name of Mother,* Marie Ruppel
6. *Mother's Maiden Name,* Marie Krause
7. *Mother's Birthplace,* Germay
8. *Full Name of Father,* Leopold Ruppel
9. *Father's Occupation,* Dealer
10. *Father's Birthplace,* Germay

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille midwife

Address, 207, N. Castle Street

Remarks, —

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15089

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 September 17th 1889
4. *Place of Birth (Street and Number)* 403 N Pratt st
5. *Full Name of Mother* Hannah Schott
6. *Mother's Maiden Name* Hannah Brooks
7. *Mother's Birthplace* Mt Washington Balti Co Md
8. *Full Name of Father* Henry Schott
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. T Edward Kirby MD

Address 645 Columbia Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15090

H 15090

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17th 1889
4. *Place of Birth, (Street and Number)*	643 Light st
5. *Full Name of Mother,*	Margaret E Staunton
6. *Mother's Maiden Name,*	Margaret E Staunton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Staunton
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	666 Hanover st,
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15091

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd
1. *Sex,* (*State whether male or female*)	female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	September 17 1907
4. *Place of Birth,* (*Street and Number*)	613 N. Wolfe St.
5. *Full Name of Mother,*	Carrie Maldeis
6. *Mother's Maiden Name,*	" Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert H. Maldeis
9. *Father's Occupation,*	Coach Trimmer
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	David Straith MD
Address,	403 N. Exeter St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissione
Health. This schedule shall contain a list of the births which have occurred under his or her care during
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall h
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first
third day of each and every month to the office of the Commissioner of Health. In case the birth of any c
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of
child to report its birth to the Commissioner of Health, in the manner and within the period above required.
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovera

GIVEN NAME ADDED 2-1-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Philip Crawford McIntyre A. 15092

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c~~) 10th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sept 17th 1889
4. Place of Birth, (Street and Number) 406 New St
5. Full Name of Mother, Kate McIntyre
6. Mother's Maiden Name, " McMann
7. Mother's Birthplace, Balto
8. Full Name of Father, Philip McIntyre
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. A Gregoshertzer MD

Address, 1102 E Balto St

Remarks, Mother married at 14 Nov 33, & has 10 children

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15093

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* Wednesday Sept 14th 189
4. *Place of Birth (Street and Number),* 1014 S Eutaw St
5. *Full Name of Mother,* Margaretha Funk
6. *Mother's Maiden Name,* Margaretha Markord
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Emil Funk
9. *Father's Occupation,* wholesale dealer Groceries
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Annaria Goeller

Address, 1703 Hanover St

Remarks, Baltimore City Md

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or ~~female~~) Male Leo J Gutman

2. Race or Color, (if not of the white race) White A.D.D. 2/7/20

3. Date of Birth, Sept. 17 1889

4. Place of Birth, (Street and Number) W. Fayette St

5. Full Name of Mother, Hennie Gutman

6. Mother's Maiden Name, " Brafman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Julius Gutman

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Thomas Opie MD

Address, 600 N. Howard St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child George Boehm

A 150905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 17/89
4. Place of Birth, (Street and Number) No 908 S. Wolf St.
5. Full Name of Mother, Gertrude Boehm
6. Mother's Maiden Name, Loslein
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul August Boehm
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth A. 15096

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 17 — 89
4. *Place of Birth, (Street and Number)* No 1527 E. Madison St
5. *Full Name of Mother,* Mary Ann Hess
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* N. Y.
8. *Full Name of Father,* Isaac Hess
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

HEALTH DEPARTMENT, OCT 1889 BALTIMORE

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 2-20-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Kadel

A 15097

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 17th - 1889.
4. *Place of Birth, (Street and Number)* 1139 N. Fremont St.
5. *Full Name of Mother,* Ottilie Kadel.
6. *Mother's Maiden Name,* Jacobs.
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Joseph Kadel -
9. *Father's Occupation,* Clerk -
10. *Father's Birthplace,* Austria -

Name of Medical Attendant, or other Person who makes this Return. R. Ke. Goldsmith, M. D.

Address, Fremont Ave & Calhoun St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15098

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 September 1889
4. *Place of Birth, (Street and Number)* 846 Front street
5. *Full Name of Mother,* Mary Shooks
6. *Mother's Maiden Name,* " Sugar
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Caspar Shooks
9. *Father's Occupation,* Black-smith
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. E. Schermann

Address, Albemarle st cor 103,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before any court of competent jurisdiction.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18099

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 17th 1889

4. Place of Birth, (Street and Number) 921 Madeira St

5. Full Name of Mother, Lena Earnts

6. Mother's Maiden Name, Kemp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Earnts

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. P. Harrington

Address, 924 Bunney St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15100

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17 / 889.
4. *Place of Birth, (Street and Number)*	1714 Madison St.
5. *Full Name of Mother,*	A. Fundenally
6. *Mother's Maiden Name,*	A. Mastenmann.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	H. Fundenally.
9. *Father's Occupation,*	Baker,
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Buth.
Address,	1245. E Monument St, cor. Central ave.
Remarks,	All Well.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15101

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Cop
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 Sept.
4. Place of Birth, (Street and Number) 1323 Dallas st.
5. Full Name of Mother, Pauline Weller
6. Mother's Maiden Name, = Ebersbar
7. Mother's Birthplace, Winethal Wurtemberg
8. Full Name of Father, Karl Weller
9. Father's Occupation, Taylor
10. Father's Birthplace, Oberesting Wurtemberg

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cont. St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of any willing, it shall be the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 3 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15102

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 Sept.
4. Place of Birth, (Street and Number) 1723 Tharford Av.
5. Full Name of Mother, Mary Wiebrecht
6. Mother's Maiden Name, = Gorscha
7. Mother's Birthplace, Westpreussen
8. Full Name of Father, John Wiebrecht
9. Father's Occupation, carpenter
10. Father's Birthplace, Westpreussen

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Central Av.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 3 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15103

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 17 — 1889
4. *Place of Birth, (Street and Number)*	1440 Canton Ave.
5. *Full Name of Mother,*	Kath Kapler
6. *Mother's Maiden Name,*	Yager
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Kapler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	427 E Druid St.
Remarks,	

HEALTH DEPARTMENT OCT 4 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

151044

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17 do
4. *Place of Birth, (Street and Number)*	527 S. Charles st
5. *Full Name of Mother,*	Mollie Fiedler
6. *Mother's Maiden Name,*	" Rausch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fred. W. Fiedler
9. *Father's Occupation,*	attorney at Law
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D
Address,	511 Hanover st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15105

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th Sept 1889
4. *Place of Birth, (Street and Number)* S' 12 Fort Ave
5. *Full Name of Mother,* Charlotte Caskey
6. *Mother's Maiden Name,* Menshew
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Caskey
9. *Father's Occupation,* Ship joiner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, S' 16 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-16-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary May Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

A 16106

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 16th 1889
4. Place of Birth, (Street and Number) No 1805 Hanover St
5. Full Name of Mother, Sarah E Martin
6. Mother's Maiden Name, Sarah Gerbrick
7. Mother's Birthplace, Baltimore Co md
8. Full Name of Father, John Martin
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1608 South Charles St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Tuesday 17th Sept
4. *Place of Birth, (Street and Number)* 2041 E. Hoffman St
5. *Full Name of Mother,* Mary Appel
6. *Mother's Maiden Name,* Mary Katz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicholas Appel
9. *Father's Occupation,* Clothing Trimmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdelines Brown

Address, 1600 N. Chester St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children

A. 15108

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color race
3. *Date of Birth,* 17 September
4. *Place of Birth, (Street and Number)* 136 Bethel Street
5. *Full Name of Mother,* Recbecca robinson
6. *Mother's Maiden Name,* no maiden name
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Gray
9. *Father's Occupation,* Rag Buyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Georganna week

Address, 1424 Bethel Street

Remarks,

Under whose charge of Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15109

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 17th 1889
4. *Place of Birth, (Street and Number)* 871 Boyd St.
5. *Full Name of Mother,* Hattie Alexandria
6. *Mother's Maiden Name,* Hattie Alexandria
7. *Mother's Birthplace,* Fredricksburg Va.
8. *Full Name of Father,* ~~George~~ Austin Stewart.
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Fredricksburg Va.

Name of Medical Attendant, or other person who makes this Return. none

Address, Ann Cornish

Remarks, none

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15110

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17/89
4. *Place of Birth, (Street and Number)*	255. Lancaster St
5. *Full Name of Mother,*	Rosalie Christian
6. *Mother's Maiden Name,*	" Olschofski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Phil. Christian.
9. *Father's Occupation,*	Laborer,
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Lord Wheeler M.D.
Address,	174. Caution av.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18 of September
4. Place of Birth, (Street and Number) 253 Harings Court
5. Full Name of Mother, Henretta Sewell
6. Mother's Maiden Name, Henretta Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry L. Sewell
9. Father's Occupation, Brickmacker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Georgan Webb.

Address, 1424 Iron Alley

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15112

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept. 14th 1889
4. *Place of Birth, (Street and Number)*	#213 Church st.
5. *Full Name of Mother,*	Mary Sauton
6. *Mother's Maiden Name,*	Mary Johnson
7. *Mother's Birthplace,*	Kansas
8. *Full Name of Father,*	Richard Sauton
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Mc A Cottrell
Address,	606 Hanover st
Remarks,	

1889. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sep 15. 1889
4. *Place of Birth, (Street and Number)*	1528 Clement St
5. *Full Name of Mother,*	Polena Wenterling
6. *Mother's Maiden Name,*	Polena Bollinger
7. *Mother's Birthplace,*	Switzerland
8. *Full Name of Father,*	George F. Wenterling
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Cuba St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15114

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Sept
4. *Place of Birth, (Street and Number)* 1155. L. Mc Elderry st
5. *Full Name of Mother,* Annie Rock
6. *Mother's Maiden Name,* " David
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John. Rock
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ulbrig

Address, 1302. Holland st

Remarks,

schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15116

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Girl Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18. 1889
4. *Place of Birth, (Street and Number)* 1613 Mount St
5. *Full Name of Mother,* Elizabeth Emerine
6. *Mother's Maiden Name,* Lizzie Maier
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Hatrittor
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent ave near Balto

Remarks,

HEALTH DEPARTMENT SEP 30 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-17-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16116

Charles Carroll Smith, 2d

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 18th 1889
4. Place of Birth (Street and Number) 517 W Mulberry St
5. Full Name of Mother Penelope Dorcas Smith
6. Mother's Maiden Name Penelope Dorcas Hicks
7. Mother's Birthplace St Louis Missouri
8. Full Name of Father Henry Lee Smith
9. Father's Occupation Clerk
10. Father's Birthplace Hagerstown Washington Co Md

Name of Medical Attendant, or other Person who makes this Return. T Edward Kirby MD

Address 645 Columbia Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 15117

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth September 18th 1889.
4. Place of Birth, (Street and Number) 1904 Eastern Avenue
5. Full Name of Mother Lina Collins
6. Mother's Maiden Name Lina Glase
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father James Henry L. Collins
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 S. Broadway

Remarks

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15118

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 September
4. *Place of Birth, (Street and Number)* Green street 515
5. *Full Name of Mother,* Margaretta Höhlein
6. *Mother's Maiden Name,* Margaretta Bok
7. *Mother's Birthplace,* Germani.
8. *Full Name of Father,* Simon Höhlein
9. *Father's Occupation,* Kurjentr
10. *Father's Birthplace,* Germani

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 cross street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 15119

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT OCT 1 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, September the 18 th
4. Place of Birth, (Street and Number) Baltimore East Ave 1442
5. Full Name of Mother, Elizabeth Gorsuch
6. Mother's Maiden Name, Evers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Solmon C Gorsuch
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1554 Light st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 20 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 15120

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 September
4. Place of Birth, (Street and Number) No 1905 Chew Str
5. Full Name of Mother, Wilhelmine Hellmeyer
6. Mother's Maiden Name, Konig
7. Mother's Birthplace, Germany
8. Full Name of Father, H C Hellmeyer
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Schulte

Address, No 528 N Washington, St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-31-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Druscilla Fidelia Perkins

A 15171

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (~~state whether male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Sept 19th 1889.
4. *Place of Birth, (Street and Number)* 1019 N. Wolf.
5. *Full Name of Mother,* Ellen C Perkins
6. *Mother's Maiden Name.* Manly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert L Perkins
9. *Father's Occupation,* Com. Merchant.
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andre M. D.

Address, 1123 E Balto. St

Remarks, Instrumental

RECEIVED SEP 21 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15122

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. Sex, (state whether male or female)	~~White Race~~ Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Sept 18th 1889
4. Place of Birth, (Street and Number)	No. 2137 McHenry Str
5. Full Name of Mother,	Mrs L. Miller
6. Mother's Maiden Name,	Miss L Hergenroeder
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr A Miller
9. Father's Occupation,	Baker
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 15723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5th child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of September
4. *Place of Birth, (Street and Number)*	Balto. City Pratt st. W. 1324
5. *Full Name of Mother,*	Maggie Feeley
6. *Mother's Maiden Name,*	Maggie Moran
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Feeley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Isabel Thorn
Address,	1310 W. Pratt st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Louise Raum

A 15124

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	white
3. Date of Birth,	Sept 18th 1889
4. Place of Birth, (Street and Number)	602 Parkin
5. Full Name of Mother,	Mary Raum
6. Mother's Maiden Name,	" Gesting
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Geo Raum
9. Father's Occupation,	Piano maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	GIVEN NAME ADDED 11-15-54 LBJ

OCT 2 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

DATE ISSUED 6-16-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lulu Elizabeth House

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

A 15125

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Sept 18th 1889
4. Place of Birth, (Street and Number) No. 38 N. Eden st
5. Full Name of Mother, Louisa H House
6. Mother's Maiden Name, " " Hafson
7. Mother's Birthplace, N. Orleans La
8. Full Name of Father, Edwin House
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. D. Ridgway André M.D.

Address, 1123 E Balto St,

Remarks,

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15126

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sep 18th 1889
4. *Place of Birth, (Street and Number)* 524 Chapple st.
5. *Full Name of Mother,* Mary Gephart
6. *Mother's Maiden Name,* " " Beneninger
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Ben Gephart
9. *Father's Occupation,* Can Makes.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 1889

WM. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Howard C Richardson A. 15-127

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18, 1889
4. Place of Birth, (Street and Number) 2217 E. Monument St.
5. Full Name of Mother, Virginia A Richardson L. Richard
6. Mother's Maiden Name, Foard L. Fort.
7. Mother's Birthplace, Harford County
8. Full Name of Father, William L Richardson H. Richard
9. Father's Occupation, Laborer,
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return. M. A. Bott

Address, 1245. E. Monument St. cor. Central ave.

Remarks, All Well.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15128

HEALTH DEPARTMENT OCT 3 1889

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) boy
3. Race or Color, (if not of the white race)
4. Date of Birth, 18 Sept.
5. Place of Birth, (Street and Number) 1605 Aisquith st.
6. Full Name of Mother, Emma Manner
7. Mother's Maiden Name, Kolcher
8. Mother's Birthplace, Sallinger Preussen
9. Full Name of Father, Albert Manner
10. Father's Occupation, Schoemacher
11. Father's Birthplace, Erfurt Preussen

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Central Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1889

A 15129

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sep. 18 – 89
4. Place of Birth, (Street and Number)	305 E. Biddle St
5. Full Name of Mother,	Margaret A. Harwood
6. Mother's Maiden Name,	" Keith
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Wm J. Harwood
9. Father's Occupation,	Telephone Lineman
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary D. Allwell
Address,	912 McDonogh St
Remarks,	

Any Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 15130

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex (state whether male or female) Female.
2. Race or Color (if not of the white race) White race.
3. Date of Birth September 18 1889
4. Place of Birth (Street and Number) No 617 Chesnut Alley
5. Full Name of Mother Mary Gallagher
6. Mother's Maiden Name Mary
7. Mother's Birthplace Baltimore County.
8. Full Name of Father Patrick Gallagher.
9. Father's Occupation a Laborer
10. Father's Birthplace is Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Michael Thorne Geller 1538 Bedell Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 15130

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* September 18th 1889
4. *Place of Birth (Street and Number)* No. 617 Chesnut Alley
5. *Full Name of Mother* Mary Gallagher.
6. *Mother's Maiden Name* Mary
7. *Mother's Birthplace* Baltimore County.
8. *Full Name of Father* Patrick Gallagher.
9. *Father's Occupation* a Laborer
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No. 538 Baldt Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 18th
4. *Place of Birth, (Street and Number)*	403 Wilkage St
5. *Full Name of Mother,*	Caroline Gillingham
6. *Mother's Maiden Name,*	" Mullins
7. *Mother's Birthplace,*	Dorchester County
8. *Full Name of Father,*	Thos. Gillingham
9. *Father's Occupation,*	Steamboat Captain
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bruce M.D.
Address,	511 Hanover St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L 15132

OCT 2 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (State whether male or female)*	male.
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	September 18.
4. *Place of Birth, (Street and Number)*	66. Heath St.
5. *Full Name of Mother,*	Julia Trutschel.
6. *Mother's Maiden Name,*	Julia Doyle.
7. *Mother's Birthplace,*	Richmond
8. *Full Name of Father,*	Herman Trutschel.
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Rudolstadt Germania.
Name of Medical Attendant, or other person who makes this Return.	Mrs. München.
Address,	300 Leadenhall St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male A 15133
2. Race or Color, (if not of the white race)
3. Date of Birth Sept 1-18. 1889
4. Place of Birth, (Street and Number) 719. N. Central Ave
5. Full Name of Mother, E. Kate Bush
6. Mother's Maiden Name, E Kate Peters
7. Mother's Birthplace, Balte Md.
8. Full Name of Father, John Bush
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balte Md.

Name of Medical Attendant, or other Person who makes this Return. E. G. Peterson M.D.

Address, 708 Aisquith St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 18th
4. *Place of Birth, (Street and Number)* 136 Hoffman st
5. *Full Name of Mother,* Carrie Montigue
6. *Mother's Maiden Name,* " " Butler
7. *Mother's Birthplace,* Eston shoe Md
8. *Full Name of Father,* Charles Montgue
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eston shoe Md

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johson

Address, 710 Tyson st

Remarks,

Registered of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name [illegible] its parents, the date and place of birth; and the said schedule shall be delivered, duly sig[illegible] the form of a certificate between the first and third day of each and every month to [illegible] of Health. In case the birth of any child shall occur without the attendance of [illegible] or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as o[illegible] and forfeitures are recoverable.

1889
BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15735

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 18th 1889
4. *Place of Birth, (Street and Number)* 879 Boyd st
5. *Full Name of Mother,* Ida Lee
6. *Mother's Maiden Name,* Ida Bragg
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Lee
9. *Father's Occupation,* Oyster shucker
10. *Father's Birthplace,* Maryville

Name of Medical Attendant, or other person who makes this Return. Dr Shannie

Address, 872 Cary st

Remarks, Live

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 18
4. *Place of Birth, (Street and Number)*	640 Portland St
5. *Full Name of Mother,*	Amelia. M. Schmitt
6. *Mother's Maiden Name,*	Amelia. M. Reyrich
7. *Mother's Birthplace,*	Harford County
8. *Full Name of Father,*	J. Henry. C. Schmitt
9. *Father's Occupation,*	Teller
10. *Father's Birthplace,*	Baltimore M. D.
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	No 735 W Pratt st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 151 37

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 9 1889
4. Place of Birth, (Street and Number) 1515 N Chase St
5. Full Name of Mother, Sadie Johnson
6. Mother's Maiden Name, Sadie Benson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Johnson
9. Father's Occupation, Ship Chandlier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep the 19. 1889
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mrs Mary C Casey
6. *Mother's Maiden Name,* Mary C Piquett
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Mr Timothy Casey
9. *Father's Occupation,* Post Master and Grocer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Sarah A Piquett

Address, Carroll Baltimore

Remarks,

OCT 4 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] midwifery, or should no other person be in attendance upon the mother, immediately [illegible] shall [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offense, [illegible] recovered [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male A 15139
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19 1889
4. *Place of Birth, (Street and Number)* 14 N. Amity St.
5. *Full Name of Mother,* Elizabeth Opper
6. *Mother's Maiden Name,* Kaiser
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm. C. Opper
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. P. D. Norwood M.D.

Address, 939 W Fayette St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth No. 15140

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 19th Sept 1889
4. *Place of Birth, (Street and Number)* 200 Clement St
5. *Full Name of Mother,* Mary Eaton
6. *Mother's Maiden Name,* Schillinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Eaton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 516 Front Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept. 19th 1889.
4. *Place of Birth, (Street and Number)* #732 Colvin Place.
5. *Full Name of Mother,* Katie McHugh.
6. *Mother's Maiden Name,* " Coffay.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John McHugh.
9. *Father's Occupation,* Saloon.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Nillegient

Address, #1038 E. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child A 15142

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 September
4. Place of Birth, (Street and Number) 205 South Mount Str
5. Full Name of Mother, Adelheid Mary Stienemann
6. Mother's Maiden Name, = = Zengraft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Stienemann
9. Father's Occupation, Machinist
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106. S. Monroe St

Remarks,

OCT 2 1886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15143

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19th 1889.
4. *Place of Birth, (Street and Number)* #1734 N. Bond St.
5. *Full Name of Mother,* Mary Jenkins
6. *Mother's Maiden Name,* " Duff.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank ~~XX~~ Jenkins.
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15144

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Sept 19
4. Place of Birth, (Street and Number)	604 Burke St
5. Full Name of Mother,	Sarah Burgan
6. Mother's Maiden Name,	Sarah R Faulkner
7. Mother's Birthplace,	Annarundel County
8. Full Name of Father,	James H. O. Burgan
9. Father's Occupation,	Engeneer
10. Father's Birthplace,	Gardenville
Name of Medical Attendant, or other person who makes this Return.	Mrs Hannah E Knowles
Address,	~~Mrs Han~~ 1829 East Pratt Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15145

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 19th 1889
4. *Place of Birth, (Street and Number)* 1615 Franklin St
5. *Full Name of Mother,* Bertha Fiske
6. *Mother's Maiden Name,* Bertha Cavan
7. *Mother's Birthplace,* Baltd Md
8. *Full Name of Father,* Joseph Fiske
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Boston Mass

Name of Medical Attendant, or other Person who makes this Return. J. C. Chinny

Address,

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15146

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 of September
4. Place of Birth, (Street and Number) 529 Mosher Street.
5. Full Name of Mother, Maggie Jackson
6. Mother's Maiden Name, " " Henrif
7. Mother's Birthplace, Salisbury
8. Full Name of Father, Wm. S. Jackson.
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15147

OCT 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 19 Sep
4. *Place of Birth, (Street and Number)* 1511 Hampstead st
5. *Full Name of Mother,* Carrie Nichlos
6. *Mother's Maiden Name,* " Brammel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Allan Nichlos
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15148

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, Sept 19th 1889

4. Place of Birth, (Street and Number) 1505 Madison Ave

5. Full Name of Mother, Ada Ambach

6. Mother's Maiden Name, Ada Gundersheimer

7. Mother's Birthplace, Ohio

8. Full Name of Father, Max Ambach

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Fred Latimer M.D.

Address. 1213 Eutaw Place

Remarks, No chloroform. No trouble.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sep 19th 1889
4. *Place of Birth, (Street and Number)*	503 Jefferson Ave Waverly Baltimore
5. *Full Name of Mother,*	Annie E. Garrison
6. *Mother's Maiden Name,*	" " Curtis
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William E. Garrison
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	R. G. Rankin M D
Address,	Waverly Station Balto Md
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Laurence Dean A 15150

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 19/89
4. *Place of Birth, (Street and Number)* 214 E. North ave.
5. *Full Name of Mother,* Margaret E. Dean
6. *Mother's Maiden Name,* " " Hagan
7. *Mother's Birthplace,* Frederick Co. Md
8. *Full Name of Father,* Henry C. Dean
9. *Father's Occupation,* Bookkeeper.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Edward J. Williams

Address, 208 Aisquith st

Remarks, GIVEN NAME ADDED 3-22-54 L.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 8-19-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Weber

A 15151

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 19 89
4. Place of Birth, (Street and Number) No 2219 Madeira Court
5. Full Name of Mother, Elizabeth Weber ~~Lisbeth Weaver~~
6. Mother's Maiden Name, Lindemann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles ~~Weaber~~ Weber
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ln.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday 19th 1889 Feb
4. *Place of Birth, (Street and Number)* Concord st 907 Near Eager
5. *Full Name of Mother,* Sarrah Moran
6. *Mother's Maiden Name,* Sarrah Roddy
7. *Mother's Birthplace,* Co Roscommon County Ireland
8. *Full Name of Father,* Michael Bernard Roddy
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Woodson

Address, ~~907 Concord st~~

Remarks, 936 Greenmount Av

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15153

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	
3. Date of Birth,	19 Sterling Sept.
4. Place of Birth, (Street and Number)	938 Belling Ave.
5. Full Name of Mother,	Dora Heimlein
6. Mother's Maiden Name,	Stengel
7. Mother's Birthplace,	Balt. city
8. Full Name of Father,	Henry Heimlein
9. Father's Occupation,	—
10. Father's Birthplace,	Balt. city
Name of Medical Attendant, or other person who makes this Return,	Anna Walter
Address,	928 Centre St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation [illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form [illegible] a certificate between the first and third day of each and every month to the office of the [illegible] In case the birth of any child shall occur without the attendance of a physician [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 3 1899

A 15154

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 Sept.
4. Place of Birth, (Street and Number) 1411 Dallas st.
5. Full Name of Mother, Ottilie Silsburg
6. Mother's Maiden Name, = Mcdonald
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Georges Walter Silsburg
9. Father's Occupation, Driver
10. Father's Birthplace, Balt. "

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Cent. Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15153

HEALTH DEPARTMENT, OCT 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 19 1889
4. Place of Birth, (Street and Number) 1416 Fairmount Ave.
5. Full Name of Mother, Mary Baumeister
6. Mother's Maiden Name, Gebhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Baumeister
9. Father's Occupation, Floor Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15166

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 19 1889
4. *Place of Birth, (Street and Number)* 1926 Granby St.
5. *Full Name of Mother,* Kate Vandelberry
6. *Mother's Maiden Name,* Cuningham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Vandenberry
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Phila. Pa

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 15157

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 19th Sep
4. *Place of Birth (Street and Number),* 539 N. Exeter St
5. *Full Name of Mother,* Ida Pertch
6. *Mother's Maiden Name,* Ida Crisel
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* John Pertch
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. B. Zink.

Address, No. 907 Hillen St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

8.14.52.

CERTIFICATE CORRECTED

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15158

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female ~~Female~~ Minnie J.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 September 1889
4. *Place of Birth, (Street and Number)* Gilford ally 7
5. *Full Name of Mother,* Becca Blumental
6. *Mother's Maiden Name,* " Gasorwich
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isack Blumental
9. *Father's Occupation,* Sock smith
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Aliemarle st n 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 9 1889
4. *Place of Birth, (Street and Number)*	94 Williamson St
5. *Full Name of Mother,*	Ida Owens
6. *Mother's Maiden Name,*	Ida Sikes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Owens
9. *Father's Occupation,*	Horse shoer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Easley
Address,	213 E. Heath St.
Remarks,	Doing Well

15159

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Twins
1. *Sex, (state whether male or female)*	Females
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19th Sep
4. *Place of Birth, (Street and Number)*	1029 N. Dallas St
5. *Full Name of Mother,*	Caroline Schmidt
6. *Mother's Maiden Name,*	" Reckelshusan
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Schmidt
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greene
Address,	940 N. Gay St
Remarks,	

A 15160

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15761

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 20th 1889
4. *Place of Birth, (Street and Number)* 1705 Chestnut Alley
5. *Full Name of Mother,* Sarah Whatley
6. *Mother's Maiden Name,* Sarah Dorsey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno Whatley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary Thompson

Address, 655 Josephine St

Remarks,

HEALTH DEPARTMENT OCT 1 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15162

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* Sept 20 th 1889
4. *Place of Birth, (Street and Number)* Mount St nr Reese St Balt City Ext
5. *Full Name of Mother,* Hattie Cammel
6. *Mother's Maiden Name,* Hattie Pryer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Fayle Cammel
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. Mrs Margret Hinkel

Address, Mount St nr Valley Baltimore City Ext

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15163

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st. 1889.
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* Colord.
4. *Date of Birth,* Sept. 20th 1882
5. *Place of Birth, (Street and Number)* Baltimore No. 1632 Vincent Ave.
6. *Full Name of Mother,* Baltimore Lucy Tinsley.
7. *Mother's Maiden Name,* Lucy A Braxton
8. *Mother's Birthplace,* Caroline County Virginia
9. *Father's Occupation,* Henry Tinsley
10. *Father's Birthplace,* Labor.
    Name of Medical Attendant, or other person who makes this Return. King & Queen County Va.
    Address, Sarah J Collins
    Remarks, No 1610 Vincent Ave near Baker

SEP 30 1889

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 151614

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 te

1. *Sex, (state whether male or female)* Bube
2. *Race or color, (if not of the white race)* Witte
3. *Date of Birth,* 20 ten September 1889
4. *Place of Birth, (Street and Number)* Potebski St. No 1748
5. *Full Name of Mother,* Dohrae Selzer
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Wilhelm Selzer
9. *Father's Occupation,* Work Mann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schwarz Fort St. No 434.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15165

HEALTH DEPARTMENT, SEP 20 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 20, 1889.
4. *Place of Birth, (Street and Number)* 512 West St
5. *Full Name of Mother,* Harriett Lynn
6. *Mother's Maiden Name,* Harriett Ross
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* Remus Lynn
9. *Father's Occupation,* Hod Carries
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing well

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15166

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 20th 1889.
4. *Place of Birth, (Street and Number)* #826 N. Front St.
5. *Full Name of Mother,* Maggie Abbott.
6. *Mother's Maiden Name,* Booth.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George Abbott.
9. *Father's Occupation,* Coal Dealer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist.

Address, #703 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A. 15167

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept. 20/89.
4. *Place of Birth, (Street and Number)* 1026 S. Sharp St.
5. *Full Name of Mother,* Elizabeth Witte
6. *Mother's Maiden Name,* " Henechen
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Hermann Witte
9. *Father's Occupation,* Cigar Box Maker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

SECTION 7.—And be it further enacted [illegible] birth shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (State whether male or female)* Boy.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* 20th of September 1889.
4. *Place of Birth, (Street and Number)* 246 Burke & Orlean street.
5. *Full Name of Mother,* Lena Mush.
6. *Mother's Maiden Name,* Lena Kratz.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kratz.
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15169

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 20, 1884.
4. *Place of Birth, (Street and Number)* No. 112 Harford road, opp. Darley Park.
5. *Full Name of Mother,* Ellen Hargest.
6. *Mother's Maiden Name,* Ellen Woolen.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Andrew J. Hargest.
9. *Father's Occupation,* Lather.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. A. Clewell, M.D.

Address, 1741 Harford ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8. No. 15170

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Brown Skin.
3. Date of Birth Sept 20 1889.
4. Place of Birth, (Street and Number) Baltimore Old Fair St. No. 53.
5. Full Name of Mother, Hannah Starke.
6. Mother's Maiden Name, Hannah Brown.
7. Mother's Birthplace, West River A. A. Co. Md.
8. Full Name of Father, Arthur Starke.
9. Father's Occupation, Oyster dealer.
10. Father's Birthplace, West River Md.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Bayer St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15171

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female - Sea
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 220. North Exeter street
4. *Place of Birth, (Street and Number)* 20 September 1889
5. *Full Name of Mother,* Bessie Bedic
6. *Mother's Maiden Name,* " Cahon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Bedic
9. *Father's Occupation,* Store - keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female 1517
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 20th 1889
4. *Place of Birth, (Street and Number)* No 1709 Patapsco St
5. *Full Name of Mother,* Caroline Kamphaus
6. *Mother's Maiden Name,* Caroline Klein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernard Kamphaus
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Hermann

Address, No 1517 Byrd St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SLLANY & SO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	G. A. 15173
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 20, 1889.
4. *Place of Birth, (Street and Number)*	515 Kessler St.
5. *Full Name of Mother,*	M. Schampeau
6. *Mother's Maiden Name,*	M. Zinkann,
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	S. Schampeau
9. *Father's Occupation,*	Tiner
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return.	M. A Bell.
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	A C Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 20 – 89
4. *Place of Birth, (Street and Number)* 812 Harford Ave
5. *Full Name of Mother,* Mary C. German
6. *Mother's Maiden Name,* " " Rock
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas G. German
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

HEALTH DEPARTMENT, OCT 1 1889 BALTIMORE

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 20 1889
4. *Place of Birth, (Street and Number)* 616 Mc. Elderry St. Cort
5. *Full Name of Mother,* L. Bailey
6. *Mother's Maiden Name,* L. Stewart
7. *Mother's Birthplace,* Somerset County
8. *Full Name of Father,* S. Bailey
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Somerset County.

Name of Medical Attendant, or other person who makes this Return, M. S. Butt

Address, 1245 E. Monument St. cor Central ave

Remarks, All Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15176

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20th
4. *Place of Birth, (Street and Number)*	331 E Hamburg St
5. *Full Name of Mother,*	Maggie Still
6. *Mother's Maiden Name,*	" Mulligan
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm H. Still
9. *Father's Occupation,*	Soap Phosphate factory
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L C Benson MD
Address,	511 Hanover St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male. 15177
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* Sept. 20th /89.
5. *Full Name of Mother,* Maggie Miller.
6. *Mother's Maiden Name,* " " Ritter.
7. *Mother's Birthplace,* Radenkirchen.
8. *Full Name of Father,* Bonaface Miller.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Herolz.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address,

Remarks,

OCT 2 1889

BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the [illegible] of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] wifery, or should no other person be in attendance upon the mother, immediately [illegible] of the person or parents of such child to report its birth to the Commission [illegible] in the period above required, and any such person or persons who shall [illegible] to comply with [illegible] of this section shall be subjected to the fine of ten (10) dollars for [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which may occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

15178

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female Bessie
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 September 1889
4. *Place of Birth, (Street and Number)* 4 High street
5. *Full Name of Mother,* Rebecca Cohen
6. *Mother's Maiden Name,* Gotz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* B. Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st cor 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A

1. *Sex, (state whether male or female)* Female Flora 151/9
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 September 1889
4. *Place of Birth, (Street and Number)* 308 High street
5. *Full Name of Mother,* Oda Handon
6. *Mother's Maiden Name,* " Barboonsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Handon
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

HEALTH DEPARTMENT OCT 2 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15180

No. of Child of Mother, (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~),
2. *Race or Color* (~~*if not*~~ *of the white race*),
3. *Date of Birth,* Sept 20eth 1889
4. *Place of Birth (Street and Number),* 637 Mosher St
5. *Full Name of Mother,* Jane Gwinn Miller
6. *Mother's Maiden Name,* Matthews
7. *Mother's Birthplace,* Chambersburg Pa
8. *Full Name of Father,* Geo Andrew Miller
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks,

This schedule shall contain a list of the births which have recurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 11-16-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Kuhn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 (A) 15181

1. *Sex, (State whether male or ~~female~~)*
2. ~~Color or race~~, *(if not of the white race)*
3. *Date of Birth,* September 20.
4. *Place of Birth, (Street and Number)* 1620 Elisabeth, Lr. Baltimore
5. *Full Name of Mother,* Elisabeth Kuhn.
6. *Mother's Maiden Name,* Lüdtner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustave Kuhn.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Mauch

Address, 800 Leadenhall St.

Remarks,

OCT 2 1880

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A: 15182

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 20th
4. *Place of Birth, (Street and Number)* 113 State st
5. *Full Name of Mother,* Julia Johson
6. *Mother's Maiden Name,* .... Myers
7. *Mother's Birthplace,* St mary's county
8. *Full Name of Father,* Jacob Johson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* St mary's county

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johson

Address, 710 Tyson st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Bureau, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15185

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 20. 1889
4. *Place of Birth, (Street and Number)* 1121 Saratoga St
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Mary Jennings
7. *Mother's Birthplace,* Brookline Co. Md
8. *Full Name of Father,* Alexander Jones
9. *Father's Occupation,* Laborer Farmer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mary E. Jones

Address, 1121 Saratoga St

Remarks,

OCT 7 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-19-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Irene Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Female. A 1518 H

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* September 20th 1889.

4. *Place of Birth, (Street and Number)* 605 Lee, St.

5. *Full Name of Mother,* Elizabeth Francis Davis,

6. *Mother's Maiden Name,* " " Smith.

7. *Mother's Birthplace,* Balto. City.

8. *Full Name of Father,* George W. Davis,

9. *Father's Occupation,* Machinist.

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

month, and shall set forth as far as the same are known, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15186

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 20 th 1889
4. *Place of Birth, (Street and Number)* No 2020 Sargent Street
5. *Full Name of Mother,* Carrie Adams
6. *Mother's Maiden Name,* Carrie Griese
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joheph Adams
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 648 West Pratt Street Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and the fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 15786

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* september the 20th
4. *Place of Birth, (Street and Number)* Baltimore Burch St 1525
5. *Full Name of Mother,* anne Montgomery
6. *Mother's Maiden Name,* fogler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Montgomery
9. *Father's Occupation,* glasser
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address,

Remarks,

HEALTH DEPARTMENT, OCT 3 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		7th A 15187
1. Sex, (state whether male or female)		Female
2. Race or Color, (if not of the white race)		White
3. Date of Birth,		Sept. 20th
4. Place of Birth, (Street and Number)		1508 Reutter st
5. Full Name of Mother,		Mary Richardson
6. Mother's Maiden Name,		Ward
7. Mother's Birthplace,		Balto city
8. Full Name of Father,		John Richardson
9. Father's Occupation,		Watchman
10. Father's Birthplace,		Balto City
Name of Medical Attendant, or other person who makes this Return,		Mrs Anni Johnson
Address,		710 Tyson st
Remarks,		

Health. This schedule shall contain a list of the births which have occurred [illegible] by the Commissioner of month, and shall set forth as far as the same can be ascertained the [illegible] her care during the been conferred) its sex, color, the full name and occupation of its [illegible] of any shall have said schedule shall be delivered, duly signed by the practitioner [illegible] of a certificate [illegible] the first and third day of each and every month to the office of the Commissioner of Health [illegible] any child shall occur without the attendance of a physician or practitioner of midwifery [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty [illegible] person [illegible] such child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15188

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept. 21st 1889
4. *Place of Birth, (Street and Number)* 579 N. Washington St.
5. *Full Name of Mother,* Catherine A Hebbel
6. *Mother's Maiden Name,* Simpson
7. *Mother's Birthplace,* Balti city
8. *Full Name of Father,* Dr Charles W Hebbel
9. *Father's Occupation,* Dentist
10. *Father's Birthplace,* Balti city

Name of Medical Attendant, or other person who makes this Return. S. W. Sloner Lee

Address, Cayero Caroline Street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 15189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, September 21st 1889
4. Place of Birth, (Street and Number) Carroll Maryland
5. Full Name of Mother, Sarah ann Ewald
6. Mother's Maiden Name, Weaver
7. Mother's Birthplace, Howard County Maryland
8. Full Name of Father, John Wesley Ewald
9. Father's Occupation, Edge Tool Smith
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wicks

Address, Carroll post office Baltimore Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15190

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 21st
4. *Place of Birth, (Street and Number)* #1426 Argyle Ave
5. *Full Name of Mother,* Ida DeBany
6. *Mother's Maiden Name,* " Wheatley
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James DeBany
9. *Father's Occupation,* Shirt Cutter
10. *Father's Birthplace,* Brooklyn N.Y.

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, #647 W. Townsend St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15191

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st Sept 1889
4. *Place of Birth, (Street and Number)* 1524 Boyle St
5. *Full Name of Mother,* Emma Whiley
6. *Mother's Maiden Name,* Hays
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Whiley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Portsmouth Va

Name of Medical Attendant, or other person who makes this Return. Elizabetta Yewell

Address, 516 Front Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

A 15192

1. *Sex, (state whether male or female)* Mäthey
2. *Race or color, (if not of the white race)* Weiße
3. *Date of Birth,* 21 ten September 1887
4. *Place of Birth, (Street and Number)* Ebis Elle No 1008
5. *Full Name of Mother,* Elisbet Schäfer
6. *Mother's Maiden Name,* Dremlig
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Lois Schäfer
9. *Father's Occupation,* Wool Mann
10. *Father's Birthplace,* Baltimer

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Street Fort St. No 434

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15193

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* Sept 21/89
4. *Place of Birth, (Street and Number)* No 708 Ostend St.
5. *Full Name of Mother,* Mary Nacher
6. *Mother's Maiden Name,* Rossmarck
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Albert Nacher
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Cannstadt (Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bang

Address, 711 Cross St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15194

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept 21th 1897
4. *Place of Birth, (Street and Number)* 1335 Block st
5. *Full Name of Mother,* Mary Schany
6. *Mother's Maiden Name,* " " Frank
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Schany.
9. *Father's Occupation,* Boiler-maker.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Belz

Address, 1744 Banks st.

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15195

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. Sex, (*state whether male or female*) Male

2. Race or Color, (*if not of the white race*) White

3. Date of Birth, Sept. 21st 89

4. Place of Birth, (*Street and Number*) 538 N. Fulton Ave

5. Full Name of Mother, Elizabeth Welch

6. Mother's Maiden Name, Drury

7. Mother's Birthplace, Ann Arundel Co.

8. Full Name of Father, Frank Edwin Welch

9. Father's Occupation, Jeweler

10. Father's Birthplace, Phila. Pa

Name of Medical Attendant, or other Person who makes this Return Wm Gombel M.D.

Address, 128 W. Lee St.

Remarks,

PUBLIC DISPATCH SEP 30 1889 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15196

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21st 1889.
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Graham
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res Phy Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 d

1. *Sex, (state wheither male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 21. 1889.
4. *Place of Birth, (Street and Number)* 1421 Colvin Str.
5. *Full Name of Mother,* Louise Tillman
6. *Mother's Maiden Name,* — — Shultheis
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Bernhard Tillman
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Lucilie Bennyte

Address, 122 S. Exeter Str.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 21/89
4. *Place of Birth, (Street and Number)*	No. 1 S. Albemarle St.
5. *Full Name of Mother,*	Katie Showwalter
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Milton Showwalter
9. *Father's Occupation,*	~~Penna~~ Potter
10. *Father's Birthplace,*	Penna
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M D
Address,	129 S. Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15199

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 21st. 10 1/2 A M. 1889

4. Place of Birth, (Street and Number) 921 Orleans St.

5. Full Name of Mother, Sophia M. Myers

6. Mother's Maiden Name, L. Margaret Hammers

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Fred. W. Myers

9. Father's Occupation, Mechanic

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D.

Address, 1701 E Balto St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15200

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, September 21th 1889
4. Place of Birth (Street and Number), 1114 Aisquith Court
5. Full Name of Mother, Mrs. Clementine Mitchell
6. Mother's Maiden Name, Clementine Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Mitchell
9. Father's Occupation, Huckster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. E. Hooper M.D.

Address, 1327 Hanover St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15201

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2 twins

1. *Sex (state whether male or female),* both males
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* Sept 21 1889
4. *Place of Birth (Street and Number),* 337 W Biddle St
5. *Full Name of Mother,* Mary Gorman
6. *Mother's Maiden Name,* Omile
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Gorman
9. *Father's Occupation,* Tax Depart Balto City
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr R. Winslow

Address, 1 Mt Royal Terrace

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child A 15202
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 21/01
4. Place of Birth (Street and Number),	317 Park. ave. City
5. Full Name of Mother,	Kate L Reilly
6. Mother's Maiden Name,	Kate Logan
7. Mother's Birthplace,	Shamokin Pa
8. Full Name of Father,	Micheal F Reilly
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Newark N.J
Name of Medical Attendant, or other person who makes this Return.	Mrs Clarity James
Address,	101 E mulberry st
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

15203

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 21 '89. 2 a m.
4. *Place of Birth (Street and Number)* 1032 Hollins St
5. *Full Name of Mother* Sarah Locke
6. *Mother's Maiden Name* Sarah Smith
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Ignatius Locke
9. *Father's Occupation* Gardener
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M D

Address 1136 Lexington St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15204

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White race.
3. Date of Birth, Sept. 21/89.
4. Place of Birth, (Street and Number) No. 1905 Hanover St.
5. Full Name of Mother, Louisa M. Archibald.
6. Mother's Maiden Name, " " Roemer.
7. Mother's Birthplace, Pennsylvania.
8. Full Name of Father, Samuel Archibald.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Annie Jeanes.

Address,

Remarks, Yours Respectfully.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15205

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 21th 1889
4. *Place of Birth, (Street and Number)* 123 Gitting St Baltimore Md
5. *Full Name of Mother,* Tora Rowe Black
6. *Mother's Maiden Name,* Tora Rowe Holmes
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Irwin Black
9. *Father's Occupation,* flour packer
10. *Father's Birthplace,* Alleghany

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address, 1230 Battery Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A
15206

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 21st 89.
4. *Place of Birth, (Street and Number)*	1202 Mc Cullough St
5. *Full Name of Mother,*	Mary C. H. Loney
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Thos P. Loney
9. *Father's Occupation,*	Grain Broker
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return.	Thomas O'Lee M.D.
Address,	600 N. Howard St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15707

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 21 September
4. *Place of Birth, (Street and Number)* Clayton Street Baltimore M. D.
5. *Full Name of Mother,* Martha Bergen
6. *Mother's Maiden Name,* Martha Nelsen
7. *Mother's Birthplace,* Stavanger Norge Europa
8. *Full Name of Father,* Andreas Bergen
9. *Father's Occupation,* Stakepen
10. *Father's Birthplace* Stavanger Norge Europa

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, Easten ave.

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15208

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Gay st 1410
4. *Place of Birth, (Street and Number)* September 21 1899
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Miller
9. *Father's Occupation,* Clock maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address,

Remarks, N Wartington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

898. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A 15709

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 21st 1889
4. Place of Birth, (Street and Number) 519 W Franklin St
5. Full Name of Mother, Grace Weyrich
6. Mother's Maiden Name, Grace Stansbury
7. Mother's Birthplace, Md
8. Full Name of Father, Adolph Weyrich
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D

Address, 639 W Franklin St

Remarks,

HEALTH DEPARTMENT OCT 2 1889 BALTIMORE

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...u Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1310

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 21st. 1889
4. *Place of Birth, (Street and Number)*	1313 Holland Ave,
5. *Full Name of Mother,*	Sarah A. Stevens.
6. *Mother's Maiden Name,*	Sarah Arnett.
7. *Mother's Birthplace,*	Dorchester Co. Md,
8. *Full Name of Father,*	Howard Stevens Jr,
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	York, Pa,
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D,
Address,	Calvert & Preston Sts,
Remarks,	

Health. This Schedule shall contain a true statement of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the latter and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the person, or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15211

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* September 22. 1889.
5. *Place of Birth, (Street and Number)* 409. S. Exeter Str.
6. *Full Name of Mother,* Theresa Hartman
7. *Mother's Maiden Name,* Justus
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Adam Hartman
10. *Father's Occupation,*
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bernstein

Address, 122 S. Exeter Str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15712

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 22. 1889.
4. Place of Birth, (Street and Number) 224 Slemmers Alley
5. Full Name of Mother, Katie Byrnes
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Byrnes
9. Father's Occupation,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Caelie Bernstein

Address, 122 S. Exeter St.

Remarks,

month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or practiti... attendance upon the mother, immediately thereafter it shall become the duty of ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15213

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 m
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 22 d of September
5. Place of Birth, (Street and Number) 950 Holland St
6. Full Name of Mother, Adelheide Schäfer
7. Mother's Maiden Name, Adelheide Reis
8. Mother's Birthplace, Darmstadt Germany
9. Full Name of Father, John Schäfer
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Darmstadt

Name of Medical Attendant, or other person who makes this Return. Friederike Kemler midwife

Address, 216 West Pratt St

Remarks.

HEALTH DEPARTMENT OCT 1 1889

The Midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15214

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 22 nd of September
4. Place of Birth, (Street and Number) No 1235 Battery Av
5. Full Name of Mother, Rose . Gardner
6. Mother's Maiden Name, Rose . Amey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James . Gardner
9. Father's Occupation, Waterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address,

Remarks,

register of such birth, and shall enter the same in a book to be kept for that purpose. Every birth which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* September 22, 1894
4. *Place of Birth, (Street and Number)* No. 11 E. Randall St. Balto.
5. *Full Name of Mother,* Eliza J. Grevell
6. *Mother's Maiden Name,* Irvine
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William M. Grevell
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Virginia Middlesex Co. Va.

Name of Medical Attendant, or other person who makes this Return. Jno. Conway

Address, 1230 Battery Ave. Balto.

Remarks,

Health. This schedule shall contain a list of the given name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. LULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) D 15216 Sixth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 22 Sept 89
4. *Place of Birth (Street and Number),* 623 Port St
5. *Full Name of Mother,* Louisa Nagle
6. *Mother's Maiden Name,* Louisa Mayto
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Nagle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs R A Tyler

Address, 524 Canon St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1517

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 22nd 79
4. *Place of Birth, (Street and Number)*	# 311 East Federal St
5. *Full Name of Mother,*	Mrs Ida C. Chalk
6. *Mother's Maiden Name,*	Ida C. Collins
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm F. Chalk
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	George Lewis Staley
Address,	1628 N. Calvert St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 12 1879

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15218

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sep 22 1889
4. *Place of Birth, (Street and Number)* No 2717 Hudson st
5. *Full Name of Mother,* Mary Daris
6. *Mother's Maiden Name,* Sweeny
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Daris
9. *Father's Occupation,* Teamter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harington

Address, N 924 Binnie st

Remarks,

SEP 30 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

M. J. C. EGLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15219

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* September 22, 1889.
4. *Place of Birth, (Street and Number)* 1112 Solsberre Alley
5. *Full Name of Mother,* Alexine Jackson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Napolion Jackson
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernst

Address, 122 S. Exeter str.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15220

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 22d 1889
4. *Place of Birth (Street and Number)* 659 W. Fayette St.
5. *Full Name of Mother* Clara Roseman
6. *Mother's Maiden Name* Clara Wantisseth
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George W. Roseman Jr.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto City.

Name of Medical Attendant, or other Person who makes this Return. J. R. Ohler M.D.

Address 661 W. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15441

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 22 1889
4. *Place of Birth, (Street and Number)*	840 S Paca
5. *Full Name of Mother,*	Katie Connolly
6. *Mother's Maiden Name,*	" Brehm
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John T Connolly
9. *Father's Occupation,*	Glassblower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

OCT 2 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15222

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 of September
4. *Place of Birth, (Street and Number)* 529 Walnut Alley
5. *Full Name of Mother,* Jennett Douglas
6. *Mother's Maiden Name,* Jennett Oliver
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Douglas
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 509 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15223

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 22nd 1889
4. *Place of Birth, (Street and Number)* Valley St. Waverly. Balto md
5. *Full Name of Mother,* Emma A. Holmes
6. *Mother's Maiden Name,* " " Foulk.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Holmes
9. *Father's Occupation,* Silver Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Balto. md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ ~~Fifth~~ 5 15224

1. *Sex, (State whether male or female)* female.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 22, 1889.
4. *Place of Birth, (Street and Number)* 840 Frederick Ave, Ext
5. *Full Name of Mother,* Katie Neighoff
6. *Mother's Maiden Name,* " Gilbert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frank M. Neighoff
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. J. B. Mellins M.D.

Address, 931 Frederick Ave Ext

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall nereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Wallace

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 22d, 1889
4. Place of Birth, (Street and Number) No. 1416 N. Eden Street
5. Full Name of Mother, Mrs. Susie Wallace
6. Mother's Maiden Name, Miss Susie Kent
7. Mother's Birthplace, Canada
8. Full Name of Father, Mr. Lewis M. Wallace
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen, M.D.

Address, 1700 East Fayette St. Cor. Broadway

Remarks, OTHER NAME ADDED. 4-27-53 L.M.

A 15225

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15326

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the first one

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Color
3. *Date of Birth,* Sep 22 th
4. *Place of Birth, (Street and Number)* Hill Street
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* Annie Hamond
7. *Mother's Birthplace,* Hill Street
8. *Full Name of Father,* Will Hamond
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Charleston

Name of Medical Attendant, or other person who makes this Return. Milley Gross

Address, 2 29 york Street

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY HUNTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15277

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22/89
4. *Place of Birth, (Street and Number)* 1807 McCullough St
5. *Full Name of Mother,* Ellen Trail Legg
6. *Mother's Maiden Name,* " " Webster
7. *Mother's Birthplace,* Near Frederick City Md
8. *Full Name of Father,* Edward K Legg
9. *Father's Occupation,* Grain Broker
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Thos Opie M.D.

Address, 600 N. Howard

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1527

OCT 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 children

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sept 22nd 1889
4. Place of Birth, (Street and Number) 1121 Saratoga st
5. Full Name of Mother, Francis M. Diggs
6. Mother's Maiden Name, Francis M. Brown
7. Mother's Birthplace, West River
8. Full Name of Father, George W Brown
9. Father's Occupation, Tysons crone factory
10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Mary E. Jones.

Address, 1121 Saratoga st

Remarks, 771 Chestnut alley bet Brune and Able sts

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1rst and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth (Lillian) C. V. Doerr

A 15729

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Sept.
4. *Place of Birth, (Street and Number)* 1427 Central Av.
5. *Full Name of Mother,* Augusta H. Doerr
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Balt city
8. *Full Name of Father,* Theodore Doerr
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Cath. Av.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* April 22 1889

4. *Place of Birth, (Street and Number)* Harlem Av East Calverton

5. *Full Name of Mother,* Katie Parr

6. *Mother's Maiden Name,* Katie Tully

7. *Mother's Birthplace,* England

8. *Full Name of Father,* John Parr

9. *Father's Occupation,* Stone-Cutter

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. W. R. Carter M.D.

Address, 1800 N. Balto St.

Remarks,

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asserted the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15321

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 22 1889
4. *Place of Birth, (Street and Number)* Dunham st 1829
5. *Full Name of Mother,* Mary Shava
6. *Mother's Maiden Name,* Broz
7. *Mother's Birthplace,* Bohiam
8. *Full Name of Father,* Frank Broz
9. *Father's Occupation,* Tabac
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Stojatis

Address,

Remarks, Washington 2 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15237

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 22
4. *Place of Birth, (Street and Number)* # 63 W. West Str
5. *Full Name of Mother,* Mary Ries
6. *Mother's Maiden Name,* Mary Becker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Casper Ries
9. *Father's Occupation,* Brother
10. *Father's Birthplace,* Newark N. J.

Name of Medical Attendant, or other person who makes this Return, Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. KILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15233

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22 nd 1889
4. Place of Birth, (Street and Number) #523 Clifton Place.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, " Gillen
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Jeremiah Brown
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Agnes Gillespie

Address, #1831 E. Monument St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second A 15234
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 22nd 1889
4. Place of Birth (Street and Number),	398 Forrest St.
5. Full Name of Mother,	Emma Kirsch
6. Mother's Maiden Name,	Emma Hesse
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John F. Kirsch
9. Father's Occupation,	Liquor Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Saml F. Powell M.D.
Address,	#217 Hisquith Street
Remarks,	

OCT 3 1889
BALTIMORE, MD.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or [illegible] of such child to report its birth to the Commissioner of Health, in the manner and within [illegible] above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15235

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 23rd 1889
4. *Place of Birth, (Street and Number)* 247 S. Chapel St
5. *Full Name of Mother,* Louisa Steinbach
6. *Mother's Maiden Name,* Brettschneider
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Steinbach
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. F. W. Schoenerdeck

Address, Cayer & Caroline Streets

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15236

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 23 — 1889
4. Place of Birth, (Street and Number) 308 Prisedent St.
5. Full Name of Mother, Fingensa ~~Soria~~ Schiado
6. Mother's Maiden Name, Soria
7. Mother's Birthplace, Italia
8. Full Name of Father, Antonie Schiado
9. Father's Occupation, Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address,

Remarks,

HEALTH DEPARTMENT

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fall to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15237

OCT 1 1889

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 23. 1889.
4. Place of Birth, (Street and Number) 23 S. Exeter St.
5. Full Name of Mother, Jeanette Gottschalk
6. Mother's Maiden Name, — Hamburg
7. Mother's Birthplace, England
8. Full Name of Father, Mendel Gottschalk.
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein.

Address, 122 S. Exeter St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 15238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth.* September 23rd 1889.
4. *Place of Birth, (Street and Number)* 34 Jackson St.
5. *Full Name of Mother,* Mary E. Dempke
6. *Mother's Maiden Name,* Mary E. Benosky
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John Dempke
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. J. B. Hart M.D.

Address, 1137 York road Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

T. L. 15239

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	23rd ~~Sept~~ Oct
4. Place of Birth, (Street and Number)	354 Woodyear St
5. Full Name of Mother,	Annie G Spindler
6. Mother's Maiden Name,	Schultheis
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	Charles Spindler
9. Father's Occupation,	~~Brewery~~ bar keeper
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	M J Lennard
Address,	339 Woodyear St
Remarks,	healthy child

OCT 26 1899

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid. Any person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15240

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 23, 1889
4. *Place of Birth, (Street and Number)*	2410 Lancaster St.
5. *Full Name of Mother,*	Mary Lackey
6. *Mother's Maiden Name,*	Mary Geysert
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	James Lackey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th E. 15441

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 23, 1889
4. *Place of Birth (Street and Number),* 1227 Bayard Ld.
5. *Full Name of Mother,* Sarah M. Carson
6. *Mother's Maiden Name,* " " Henry.
7. *Mother's Birthplace,* Cambridge Md.
8. *Full Name of Father,* George M. Carson
9. *Father's Occupation,* Brickmaker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Knispel M.D.

Address, 523 Scott Ld.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15224

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, September 23. 1889
4. Place of Birth, (Street and Number) 1006 N. Carey St.
5. Full Name of Mother, Nellie Singer
6. Mother's Maiden Name, " Pentz
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank O. Singer Jr.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

TM J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI A. 15243

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 23 Septbr. 1889
4. *Place of Birth, (Street and Number)* Durhamstr. # 109
5. *Full Name of Mother,* Margarethe Zirl
6. *Mother's Maiden Name,* " " Strohhecker
7. *Mother's Birthplace,* Sambach. (Bayern)
8. *Full Name of Father,* Bernhardt Strohhecker
9. *Father's Occupation,* workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, mrs. Buehler
midwife

HEALTH DEPARTMENT OCT 3 1889 BALTIMORE

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A. 152 H

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23rd 1869
4. Place of Birth, (Street and Number) 1200 Mosher St
5. Full Name of Mother, Emily H. Howes
6. Mother's Maiden Name, " " Smiley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John W. Howes
9. Father's Occupation, Farmer
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other Person who makes this Return Geo. E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ent. 15244

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23th
4. Place of Birth, (Street and Number) Baltimore / Front Front / No 1411 E. 1
5. Full Name of Mother, Eleanore Meier
6. Mother's Maiden Name, Elenore Rabish
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Meier
9. Father's Occupation, Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. Huggeler

Address, No 1638 Font ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16246

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 3 9.
4. *Place of Birth, (Street and Number)*	No 645 N Eutaw st
5. *Full Name of Mother,*	Barbara A Schweir
6. *Mother's Maiden Name,*	Barbara A Bien
7. *Mother's Birthplace,*	York Pa
8. *Full Name of Father,*	Louis B Schweir
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs W Mannel Midwife
Address,	928 Penna Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15247

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 23 1889

4. Place of Birth, (Street and Number) 520 S. Luzern St.

5. Full Name of Mother, Louise Stumpf

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stumpf

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1127 E. South St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15748

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 23/889
4. *Place of Birth, (Street and Number)* Thime st. 1514
5. *Full Name of Mother,* Mary Blazek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohiaman
8. *Full Name of Father,* Jom Blazek
9. *Father's Occupation,* shoe maker
10. *Father's Birthplace,* Bohiaman

Name of Medical Attendant, or other person who makes this Return. Mary Adoptie

Address,

Remarks, Worthington st 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A) 18249

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 23rd 1889.
4. *Place of Birth, (Street and Number)* #912 Ensor St.
5. *Full Name of Mother,* Nellie Weatherstine.
6. *Mother's Maiden Name,* " Seebode.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andrew Weatherstine.
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	~~White Race~~ Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 23d 1889
4. *Place of Birth, (Street and Number)*	No 77 Garrison Lane
5. *Full Name of Mother,*	Mrs B. Kanerer
6. *Mother's Maiden Name,*	Miss B. Panzer
7. *Mother's Birthplace,*	Beyern Germany
8. *Full Name of Father,*	Mr W. Kanerer
9. *Father's Occupation,*	Bayans Germany Butcher
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mars Hitler
Address,	2127 West Pratt St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15251

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Sron
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 September 1889
4. *Place of Birth, (Street and Number)* 1119 Style street
5. *Full Name of Mother,* Rosa Ilparan
6. *Mother's Maiden Name,* Rosa Wiesman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lusz Ilparan
9. *Father's Occupation,* Peddlar
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schesinan

Address, Albemarle st n 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15252

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 24th 1889
4. *Place of Birth, (Street and Number)* 1540 N Gay Street
5. *Full Name of Mother,* Anna Born
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Born
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. F W Bloner M.D.

Address, Aged Caroline Street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15253

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* September 24" 1889
4. *Place of Birth (Street and Number),* No. 652 German St.
5. *Full Name of Mother,* Marietta Burgison
6. *Mother's Maiden Name,* Meritt
7. *Mother's Birthplace,* Kent Co. Md.
8. *Full Name of Father,* Joseph Burgison
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. [signature]

Address,

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 2 1889

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15254

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d —

1. *Sex (state whether male or female),* Female,
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* September 24"
4. *Place of Birth (Street and Number),* # 339 Scott St.
5. *Full Name of Mother,* Ida Seimers
6. *Mother's Maiden Name,* Russell
7. *Mother's Birthplace,* Washington, D.C.
8. *Full Name of Father,* Henry Seimers
9. *Father's Occupation,* Clerk —
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, N. E. Cor. Columbia & Fremont Ave.

Remarks,

OCT 2 1889

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Baltimore Publishing Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT DEC 1 1889

A 15255

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 24th Sept
4. Place of Birth, (Street and Number) 1133 Low st
5. Full Name of Mother, Sally Sapfire
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac Sapfire
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Ellis R. Ulbrig

Address, 1302 Holland st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1,152.16

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Sep. 24.
4. Place of Birth, (Street and Number) Baltimore. And. 928 Moodyear. St.
5. Full Name of Mother, Mary. Ellen Butler.
6. Mother's Maiden Name, Mary E. Butler.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John. Henry. Bennet.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Broom.

Address, 936. Druid. Hill. Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15254

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 24 - 1899
4. Place of Birth, (Street and Number) 23 S. Dallas St.
5. Full Name of Mother, Christina Farbe
6. Mother's Maiden Name, Christina Richter
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Farbe
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

The Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st A. 15758

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth* Sept 24th 1889
4. *Place of Birth, (Street and Number)* 2105 Hargrove Alley
5. *Full Name of Mother,* Monroe
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Howard Monroe
9. *Father's Occupation,* Day Labourer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. A. A. Thomson M.D.

Address, 2107 Md. Ave

Remarks,

HEALTH DEPARTMENT, SEP 1889

[illegible] shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 1 —

1. *Sex, (state whether male or female)* female D. 15259
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 24-1889
4. *Place of Birth, (Street and Number)* 1920 E. Chew st
5. *Full Name of Mother,* Annie M. Dedio
6. *Mother's Maiden Name,* " " Goldbeck
7. *Mother's Birthplace,* Balto. md
8. *Full Name of Father,* Chas. F. Dedio
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto. md

Name of Medical Attendant, or other Person who makes this Return. P. G. Dauschmo

Address, 1727 E. Balto, st.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15260

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether Male or Female)* Two Female Twins
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Sept 24 1899
4. *Place of Birth (Street and Number)* 709 Druid Hill Ave, Baltimore
5. *Full Name of Mother* Annie Mackey
6. *Mother's Maiden Name* Annie Peabe
7. *Mother's Birthplace* Anderson Co
8. *Full Name of Father* Lewis Mackey
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Royal Oak Talbot Co

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sophia Johnson 434 St. Mary's St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15261

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female).*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 24, 1889
4. *Place of Birth, (Street and Number)*	1119 Sassafras St
5. *Full Name of Mother,*	Ella Weineke
6. *Mother's Maiden Name,*	" French
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Weineke
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas R Graham
Address,	
Remarks,	

OCT 2 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or pra[illegible] midwife, or should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Heal[illegible] period above required, and any such person or persons who shall hereafter fa[illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] recoverable.

GIVEN NAME ADDED 8-25-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Charles Lester Erdman Sixth A. 1526V

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1888.
4. Place of Birth, (Street and Number) No. 1624 Eutaw st.
5. Full Name of Mother, Mary Erdman.
6. Mother's Maiden Name, Mary Snyder.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Jno. C. Erdman.
9. Father's Occupation, Collector
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Chas. L. Elwell, M.D.

Address, 1241 Harford ave.

Remarks,

HEALTH DEPARTMENT OCT 1888

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15263

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* aug. 24. 1889
4. *Place of Birth, (Street and Number)* 05-024 Brush alley
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Keys
7. *Mother's Birthplace,* Essex Co Virginia
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* White washing
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15264

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd
1. *Sex*, (*State whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	Colrd
3. *Date of Birth*,	Sept 24th
4. *Place of Birth*, (*Street and Number*)	No 6 E Stiles St
5. *Full Name of Mother*,	Lucy Buckmaster
6. *Mother's Maiden Name*,	" South
7. *Mother's Birthplace*,	Virginia
8. *Full Name of Father*,	Jos. W. Buckmaster
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Calvert County
Name of Medical Attendant, or other person who makes this Return.	J. A. Bunch M.D
Address,	511 Hanover St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15265

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 24 1889
4. *Place of Birth, (Street and Number)*	625 Bethel St.
5. *Full Name of Mother,*	Lizzie Scott
6. *Mother's Maiden Name,*	Ross
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Franklin Scott
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

HEALTH DEPARTMENT OCT 8 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15266

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by Civil Suit and forfeitures are recoverable.

RECEIVED OCT 7 1880 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) A Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 24th September.
4. Place of Birth, (Street and Number) 206 Jefferson St. Waverly.
5. Full Name of Mother, Johanna Oberle.
6. Mother's Maiden Name, Johanna Kivict
7. Mother's Birthplace, Germany
8. Full Name of Father, Seraphin Oberle
9. Father's Occupation, Workman (Arbeiter)
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Harriet Blatchley

Address, 114 Old York Road. Waverly.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15267

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 24
4. *Place of Birth, (Street and Number)* 53 W West St
5. *Full Name of Mother,* Eliza James
6. *Mother's Maiden Name,* Eliza Grau
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* George James
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Frederick County

Name of Medical Attendant, or other person who makes this Return. Mary A Wallace

Address, 128 Jo. St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-4-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Wesley Edward Bowen Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~),
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Sept 24th 1889
4. Place of Birth (Street and Number), 334 S Caroline St
5. Full Name of Mother, Ariel S Bowen
6. Mother's Maiden Name, Hedges
7. Mother's Birthplace, Newark N J
8. Full Name of Father, J. W. E. Bowen
9. Father's Occupation, Preacher
10. Father's Birthplace, New Orleans

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks,

13268

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15269

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 24th
4. *Place of Birth, (Street and Number)*	1813 E. Fayette St
5. *Full Name of Mother,*	Annie Lemhart
6. *Mother's Maiden Name,*	" Foreman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Lemhart
9. *Father's Occupation,*	Bill Poster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15270

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 24 1889
4. *Place of Birth, (Street and Number)* 306 Parrish aley mulbary
5. *Full Name of Mother,* Magy Johson
6. *Mother's Maiden Name,* Magy Foster
7. *Mother's Birthplace,* Forgenger
8. *Full Name of Father,* Sgar Johson
9. *Father's Occupation,* Mordry
10. *Father's Birthplace,* Forgenger

Name of Medical Attendant, or other person who makes this Return. Mary C Jones

Address, 1121 Saratoga st

Remarks, 771 Chestnut alley bet Bruce and

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Healthy, or should no other person be in attendance upon the mother, immediately the father it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15 2 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 25th 1889
4. *Place of Birth, (Street and Number)* 23. S. Eden Street
5. *Full Name of Mother,* Bettie Rossuthal
6. *Mother's Maiden Name,* Bergman
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Nathan Rossuthal
9. *Father's Occupation,* Cattle Dealer
10. *Father's Birthplace,* New York city

Name of Medical Attendant, or other person who makes this Return. S W Sloner Mn

Address, Cayser Caroline Streets

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 6-26-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15272

Name: Henry Peter Degener

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male ~~female~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th September 18/89
4. *Place of Birth, (Street and Number)* #816 little Green st
5. *Full Name of Mother,* Lena (~~Degner~~) Degener
6. *Mother's Maiden Name,* Lena Boeckel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick (~~Degner~~) Degener
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangl

Address, 711 Cross St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained [illegible] each child, if any shall have been conferred) its sex, color, the full name and occupation [illegible] place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] between the first and third day of each and every month to the office of the [illegible] of Health [illegible] birth of any child shall occur without the attendance of a physician or practitioner of [illegible] other person be in attendance upon the mother, immediately thereafter it shall become the [illegible] parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

VALID DEPARTMENT OCT 1 1889 BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15273

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 25th 1889.
4. *Place of Birth, (Street and Number)*	No 317 Smallwood Str
5. *Full Name of Mother,*	Mrs B Klinker
6. *Mother's Maiden Name,*	Miss B Reitlingshofer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr H Klinker
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15774

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] incurred as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT OCT 8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th and 9th

1. Sex, (state whether male or female) Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 25th

4. Place of Birth, (~~Street and Number~~) 1st precinct, 13th district, Balto. Co.,

5. Full Name of Mother, Fanny Higdon

6. Mother's Maiden Name, Fanny Pring

7. Mother's Birthplace, Bristol, England.

8. Full Name of Father, Thomas. Edward. Higdon

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangel

Address, 711 Cross St.

Remarks, Girl's Weight 8 1/4 lbs Boy 9 lb 2 ounces

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A 15275

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 25 th
4. *Place of Birth, (Street and Number)* 1307 Edmondson ave
5. *Full Name of Mother,* Mrs. Pauline A Edeler
6. *Mother's Maiden Name,* " " Holtz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Albert G. Edeler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Henry F. Hill M.D.

Address, 1001 Edmondson ave

Remarks,

OCT 2 1889

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th — 15276
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 25. 1887
4. *Place of Birth, (Street and Number)*	1113 Madison Ave
5. *Full Name of Mother,*	~~Chas. H Riley~~ Laura B Riley
6. *Mother's Maiden Name,*	Laura B Dunnan
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Chas H. Riley
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Chas. H Riley
Address,	1113 Madison Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-17-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

May Ellen Hutton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 15277

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 25th September 1889
4. Place of Birth, (Street and Number) 1028 Leadenhall St
5. Full Name of Mother, Cathern Hutton
6. Mother's Maiden Name, Cathern Eckhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Alexandrew Hutton
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 25-th
4. *Place of Birth, (Street and Number)*	704 Greenmount Ave
5. *Full Name of Mother,*	Ella S Rolle
6. *Mother's Maiden Name,*	Ella S Evans
7. *Mother's Birthplace,*	Calvert Co
8. *Full Name of Father,*	Thomas Rolle
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Talbot Co
Name of Medical Attendant, or other person who makes this Return,	Mrs Wooden
Address,	936 Greenmount Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15279

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. Sex, (State whether ~~male~~ or female)
2. Race or color, (if not of the white race)
3. Date of Birth, 25 September 1889
4. Place of Birth, (Street and Number) 1020 Maldeisstreet
5. Full Name of Mother, Ida Helene Grosche
6. Mother's Maiden Name, Kretschmar
7. Mother's Birthplace, Germani
8. Full Name of Father, Gustav Adolph Grosche
9. Father's Occupation, Piano Macker
10. Father's Birthplace, Germani

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. R. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15280

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25th 1889
4. Place of Birth, (Street and Number) 1115 Sassafras st
5. Full Name of Mother, Elizabeth Cooper
6. Mother's Maiden Name, Elizabeth Lewis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H Cooper
9. Father's Occupation, Grinder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappleton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1528

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept. 25th 1889
4. *Place of Birth, (Street and Number)* 136 Davis Ave. Woodberry, Balt.
5. *Full Name of Mother,* Alverta V. Pfeiffer
6. *Mother's Maiden Name,* Alverta V. Carl
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* George Pfeiffer
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wm. T. Shower M. D.

Address, 119. 35 Ave. Woodberry. Balt. Md.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15282

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 25th 1889
4. *Place of Birth, (Street and Number)*	1022 Boyd St.
5. *Full Name of Mother,*	Ellie McDonell
6. *Mother's Maiden Name,*	Ellie McGann
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael McDonell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15-2-83

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* September 25th
4. *Place of Birth, (Street and Number)* 417 Moses Alley
5. *Full Name of Mother,* Fannie Monroe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Rishmond Co va
8. *Full Name of Father,* Morton Cook
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ Lucy Cormish

Address, 322 Rose street

Remarks,

[illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-16-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15284

Harry Herman Busse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 25 84
4. Place of Birth, (Street and Number) No 700 S. Wolf St.
5. Full Name of Mother, Bertha ~~Bosser~~ Busse
6. Mother's Maiden Name, Krause
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles ~~Bosser~~ Busse
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Rosetta — Kloppel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sep 25 — 89
4. Place of Birth, (Street and Number)	1302 N. Gay St
5. Full Name of Mother,	Rosa M. Kloppel
6. Mother's Maiden Name,	" " Webber
7. Mother's Birthplace,	Washington D. C.
8. Full Name of Father,	George A. Kloppel
9. Father's Occupation,	Barber
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	GIVEN NAME ADDED 12-7-53 L.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

15286

1. *Sex, (state whether male or female)* male -
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 25th 1889 -
4. *Place of Birth, (Street and Number)* North East corner of St. Paul & Chase sts
5. *Full Name of Mother,* Grace Obes
6. *Mother's Maiden Name,* " Hambleton
7. *Mother's Birthplace,* Bolto,
8. *Full Name of Father,* A. Z. Obes
9. *Father's Occupation,* Planter
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Josiah S. Bowen

Address, Lot. Washington Bolto, Co.

Remarks,

HEALTH DEPARTMENT OCT 2 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten not dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15287

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 25 '89
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Sarah Sapp
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 W. Monument St

Remarks,

OCT 7 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15288

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 25 1889
4. *Place of Birth, (Street and Number)*	1454 Orleans St.
5. *Full Name of Mother,*	Louisa Kubler
6. *Mother's Maiden Name,*	" Fulda
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Kubler
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Wallace St.
Remarks,	

HEALTH DEPARTMENT OCT 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-15289

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 25.
4. *Place of Birth, (Street and Number)* Lankester Str.
5. *Full Name of Mother,* Rozarie Rodrila
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Setin Osterajch
8. *Full Name of Father,* John Rodrila
9. *Father's Occupation,* Schlosser
10. *Father's Birthplace,* Setin Osterajch.

Name of Medical Attendant, or other person who makes this Return. Marie Prell.

Address, Thames str. N. 1627 Baltimore Md.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15290

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 September 1889
4. Place of Birth, (Street and Number) 1317 Ringgold St.
5. Full Name of Mother, Marie Gram
6. Mother's Maiden Name, Thenchel
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Louis Gram
9. Father's Occupation, —
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Cath. St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third LA 1529

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25
4. Place of Birth, (Street and Number) 6 Penn Street
5. Full Name of Mother, Mrs Thomas William Fuller
6. Mother's Maiden Name, Miss Annie Bauer
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Thomas William Fuller
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs. Dunler.

Address, 217 North Schroeder St.

Remarks, A Buster

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15292

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 25th, 1887
4. *Place of Birth, (Street and Number)* 1725 S. Chapel St.
5. *Full Name of Mother,* Mary Krebs
6. *Mother's Maiden Name,* Mary Ruth
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* George Krebs
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. M. J. Gatley M.D.

Address, 111 S. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 25th
4. *Place of Birth, (Street and Number)*	916 Granby St
5. *Full Name of Mother,*	Caroline Huether
6. *Mother's Maiden Name,*	" Lenhardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Huether
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke.
Address,	
Remarks,	

A. 15293

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A. 15294

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 25 1889
4. *Place of Birth, (Street and Number)* S Ann St 210
5. *Full Name of Mother,* Mary C Murry
6. *Mother's Maiden Name,* Marshall
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Eligah Murry
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. M. H. Davenport

Address, 225 S Ann St

Remarks, Birth premature Mother very weak

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d son A. 15295
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	25 of Sept
4. Place of Birth, (Street and Number)	582 Preston st
5. Full Name of Mother,	Martha Bell
6. Mother's Maiden Name,	" " Lee.
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	John E Bell
9. Father's Occupation,	Labor
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson st
Remarks,	

Register of such birth, and shall enter the same on a blank ... which shall have been ... under his or her care during the month, and shall set forth as far as the same can be ascertained the ... of each child, (if any shall have been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of the Commissioner of Health. This schedule shall contain a list of the

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1529 6

OCT 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 25/89

4. Place of Birth, (Street and Number) N° 2035 Gough St

5. Full Name of Mother, Kate Roesel

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Roesel

9. Father's Occupation, Hoofster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Klaft

Address, N° 405 S. Washington Sc.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15297

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26 1889.
4. Place of Birth, (Street and Number) 628 N. Eden St.
5. Full Name of Mother, Rosa Broadwater.
6. Mother's Maiden Name, Beecham.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Broadwater.
9. Father's Occupation, Car conductor.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. E. Heard M.D.

Address, 202 Aisquith St.

Remarks.

HEALTH DEPARTMENT OCT 1 1889

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15298

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 26. 1884.
4. Place of Birth, (Street and Number) 1112 E. Pratt st
5. Full Name of Mother, Sarah Fodes
6. Mother's Maiden Name, Bronson
7. Mother's Birthplace, New York
8. Full Name of Father, Solomon D. Fodes
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

OCT 1 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or pr... or should no other person be in attendance upon the mother, immediately thereafter ... the person or parents of such child to report its birth to the Commissioner of He... period above required, and any such person or persons who shall hereafter f... with the p... is section shall be subjected to the fine of ten (10) dollars for each offense, to ... recov... fine ... tures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A: 15299

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 26, '09.
4. *Place of Birth, (Street and Number)* 7 E. Preston st.
5. *Full Name of Mother,* Lizzie Belle Arthurs.
6. *Mother's Maiden Name,* " " Neilson.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Farthurs
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Pittsburgh, Pa

Name of Medical Attendant, or other Person who makes this Return. Dr Barton Bruce, Md

Address, 1115 N. Charles st.

Remarks,

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

A 15300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* September 26th 1889.
4. *Place of Birth, (Street and Number)* 113 Carroll Ave.
5. *Full Name of Mother,* Louisa Eisinger
6. *Mother's Maiden Name,* Louisa Schmidt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Eisinger
9. *Father's Occupation,* Wood-Carver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. J. B. Hart M.D.

Address, 1137 York road Baltimore

Remarks,

...gister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...ealth. This schedule shall contain a list of the births which have occurred under his or her care during the ...onth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have ...en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...id schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...hall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...ttendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...hild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...ny such person or persons who shall hereafter fail to comply with the provisions of this section shall be su...cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person having charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

A 15301

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 26-1889
4. Place of Birth, (Street and Number) 1617 E. Eager st
5. Full Name of Mother, Theresa Miller
6. Mother's Maiden Name, Theresa Bernecker
7. Mother's Birthplace, Balto. md
8. Full Name of Father, Adam Peter Miller
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M. D.

Address, 1727 E. Balto st

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 26th

4. Place of Birth, (Street and Number) 510 N Stricker

5. Full Name of Mother, Mrs Martha B. Christ

6. Mother's Maiden Name, Forney

7. Mother's Birthplace, City

8. Full Name of Father, ~~Christ~~ Chas J. Christ

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J Henry F Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

A. 15-30 V

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the midwife in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15303

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 *

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 26 * 1889
4. Place of Birth, (Street and Number) No. 206 E. Barney st
5. Full Name of Mother, Lizzie Otter
6. Mother's Maiden Name, Lizzie Hinkel
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John Otter
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 South Charles st

Remarks,

...th of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...alth. This schedule shall contain a list of the births which have occurred under his or her care during the ...nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ...en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...id schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...tendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

B 15304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 26th 1889.
4. *Place of Birth, (Street and Number)* 1301 Orleans
5. *Full Name of Mother,* Katie L. Engelberg
6. *Mother's Maiden Name,* Jacobs
7. *Mother's Birthplace,* Bridgeport Ct.
8. *Full Name of Father,* Louis Engelberg
9. *Father's Occupation,* Furniture dealer
10. *Father's Birthplace,* Charleston S.C.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT SEP 28 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15305

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26 - 1889
4. Place of Birth, (Street and Number) 2111 Division St
5. Full Name of Mother, Lena Simpers
6. Mother's Maiden Name, Volkert
7. Mother's Birthplace, Balto
8. Full Name of Father, R. Lee Simpers
9. Father's Occupation, Rail Roading
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15306.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) Third

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 26th 1889
4. *Place of Birth, (Street and Number)* 1111 Ensor Street
5. *Full Name of Mother,* Kate Anchor
6. *Mother's Maiden Name,* Kate Murrey
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Anchor
9. *Father's Occupation,* Grinder
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1301 N. Central Av.

Remarks,

HEALTH DEPARTMENT OCT 1 1889 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15307

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* September the 26th
4. *Place of Birth, (Street and Number)* Baltimore Burch st 1528
5. *Full Name of Mother,* Anne Groth
6. *Mother's Maiden Name,* white
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Groth
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 light st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. d. A. 15308

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 th September
4. Place of Birth, (Street and Number) No. 503. Wyeth st.
5. Full Name of Mother, Annie Catherine Bockelmann
6. Mother's Maiden Name, Annie Catherine Arndt.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Albert Bockelman
9. Father's Occupation, Harness Maker.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs E Leibach

Address, No 735 W Pratt st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15309

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, September 26th 1889 (9:58 PM)
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Hattie Howard
6. Mother's Maiden Name, Hattie Washington
7. Mother's Birthplace, Maryland
8. Full Name of Father, Alfred Howard
9. Father's Occupation, Driver
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Re Phy Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15310

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6th 1889 1650 Aisquith
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Shepley
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Res Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15311.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 26th 1889 11:20 AM
4. Place of Birth, (Street and Number) Maternité
5. Full Name of Mother,
6. Mother's Maiden Name, Albertina Rawlings
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, Resby Maternité

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 15312

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* September 26th 1889. (133 Add)
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Wilson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Res Bty Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15313

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) fog

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 Sept

4. Place of Birth, (Street and Number) 1116 Goetz Av.

5. Full Name of Mother, Susanna Schaefer

6. Mother's Maiden Name, = Nochadel

7. Mother's Birthplace, Baden Germania

8. Full Name of Father, Michel Schaefer

9. Father's Occupation, carpenter

10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cut. Av.

Remarks,

REGISTRAR OCT 3 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15314

HEALTH DEPARTMENT
OCT 1 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 26 – 89
4. Place of Birth, (Street and Number) 706 Monument St
5. Full Name of Mother, Agnes Dudrow
6. Mother's Maiden Name, " Eagen
7. Mother's Birthplace, Va
8. Full Name of Father, John P. Dudrow
9. Father's Occupation, Bridge Builder
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

Registry of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where the birth of any child shall occur without the attendance of a physician or practitioner [illegible] shown, no other person be in attendance upon the mother, immediately thereafter it shall [illegible] person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15315

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	One
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept 26. '99
4. *Place of Birth, (Street and Number)*	622 N. Lanvale St
5. *Full Name of Mother,*	Hannah Sadler
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	L. E. [illegible] M.D.
Address,	319 N. Monument St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

A 15316

3. Date of Birth, Sept. 26 1889

4. Place of Birth, (Street and Number) 1915 Christian St.

5. Full Name of Mother, Emma Penn

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Penn

9. Father's Occupation, Bookseller

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. M. Carter M.D.

Address, 1801 N. Balto St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15317

Albert Mettee —— Helwig

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, September 26th 1889
4. Place of Birth, (Street and Number) 1211 North Avenue
5. Full Name of Mother, Maggie A. Helwig
6. Mother's Maiden Name, " " Noll
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, C. A. Helwig
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Wm. L. Russell

Address, 800 N Broadway

Remarks, GIVEN NAME ADDED 3-18-54

h.m.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15318

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (~~state whether male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Sept. 26th 1889.
4. *Place of Birth, (Street and Number)* 708 E Biddle St
5. *Full Name of Mother,* Carrie M Brightman
6. *Mother's Maiden Name,* " " Hush,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William D Brightman
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J Ridgway André M.D

Address, 1123 E Baltimore St

Remarks, Natural

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 15319

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept. 26/89.
4. *Place of Birth, (Street and Number)* 1515 E. Lombard
5. *Full Name of Mother,* Lena Milvitzky
6. *Mother's Maiden Name,* " Schalley
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* May. Milvitzky
9. *Father's Occupation,* Furniture Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Fred. W. Weber, M.D.

Address, 1721. Caton Av.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15320

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male Philph
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 September 1889
4. *Place of Birth, (Street and Number)* 720 Charle street
5. *Full Name of Mother,* Nannie Pollack
6. *Mother's Maiden Name,* Nannie Poll
7. *Mother's Birthplace,* Prusia
8. *Full Name of Father,* Myaer Pollack
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D-15321

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Thursday twenty seventh
4. Place of Birth (Street and Number), No 26 King St.
5. Full Name of Mother, Mary Camillia Graves
6. Mother's Maiden Name, Mary A. Mitchel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Graves
9. Father's Occupation, Draymen
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Fannie Myers

Address, No 223. Clay St. Balto.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A. 15322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 27th 1889.
4. *Place of Birth, (Street and Number)* 1232 Barclay St.
5. *Full Name of Mother,* Sarah L. Prentiss
6. *Mother's Maiden Name,* Sarah L. Holbert
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles M. Prentiss
9. *Father's Occupation,* Carriage-maker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. J. B. Hart M.D.

Address, 1137 York road Baltimore

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15323

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	27th of September 1887
4. *Place of Birth, (Street and Number)*	220 North Chester street
5. *Full Name of Mother,*	Ellen Davis
6. *Mother's Maiden Name,*	Ellen Baker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles H. Baker
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 12-29-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Albert Matthews A 15324

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, September the 27, 1889
4. Place of Birth, (Street and Number) Clifton Place 9 20
5. Full Name of Mother, Mary M ~~Matthews~~ Matthews
6. Mother's Maiden Name, Mary M ~~Stevenson~~ Stevenson
7. Mother's Birthplace, Birthplace
8. Full Name of Father, full nam of Father-William H. ~~Matthews~~ Matthews
9. Father's Occupation, Fathers occupation Laborer
10. Father's Birthplace, Fathers birth Place Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr Wrolen

Address, 926 Greenmont avenue

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 Sept 1889
4. *Place of Birth, (Street and Number)* 708 Raborg Street
5. *Full Name of Mother,* Eda Wright
6. *Mother's Maiden Name,* Eda Stubbs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Wright
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15326

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sep 27th 1889
4. *Place of Birth, (Street and Number)* 1301 Gough st.
5. *Full Name of Mother,* Rosa Gepman
6. *Mother's Maiden Name,* " " Wendel
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Gepman
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Baty

Address, 1744 Balab st

Remarks,

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15327

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8th

1. *Sex, (~~state whether~~ male ~~or female~~)* —
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septbr 27 1889
4. *Place of Birth, (Street and Number)* 114 W Pratt St.
5. *Full Name of Mother,* Ellen ~~[illegible]~~ Meredith
6. *Mother's Maiden Name,* Ellen Pardoe
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Henry Francis Meredith
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return J W McCorrell Md

Address, 409 S. Sharp St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15329

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sep 27 - 89
4. *Place of Birth, (Street and Number)*	1408 Boundary Ave
5. *Full Name of Mother,*	Mary V. Staylor
6. *Mother's Maiden Name,*	" " Hilloway
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	George E. Staylor
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 W. Donogh St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15329

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 27/84
4. Place of Birth, (Street and Number) No 2004 Eastern Ave
5. Full Name of Mother, Sarah Coohlin
6. Mother's Maiden Name, Murdeah
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jakob Coohlin
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15330

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~521~~ ~~Walnut~~ ~~Alley~~ Sept 24 the 1889
4. Place of Birth, (Street and Number) 521 Walnut Alley
5. Full Name of Mother, Anna E. Eisman
6. Mother's Maiden Name, - - Valk
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John B. Eisman
9. Father's Occupation, Iron worker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs W Mannel

Address, 923 Penna Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept. 27. 1889
4. Place of Birth, (Street and Number) 106 E. Fayette St.
5. Full Name of Mother, Mrs. Harriet Dawson Harrison Bd Neal
6. Mother's Maiden Name, Nip " " "
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Lloyd Macneal
9. Father's Occupation, Book-keeper
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Luck M.D.

Address, 1000 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT OCT 4 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Whit
3. *Date of Birth,* 27th of September 1889.
4. *Place of Birth (Street and Number),* 828 Granby Street
5. *Full Name of Mother,* Marie Rebhun
6. *Mother's Maiden Name,* Marie Tauber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Rebhun
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille Midwife

Address, 207. N. Castle Street

Remarks, — — — —

A 15331

[illegible] place, shall keep a true and correct [illegible] birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd,
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Sept. 27th, 1889
4. *Place of Birth, (Street and Number)*	934 Mulberry St,
5. *Full Name of Mother,*	Carrie L. Hanson,
6. *Mother's Maiden Name,*	Carrie L. Curry
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Jos. Hanson,
9. *Father's Occupation,*	Decorator
10. *Father's Birthplace,*	Connecticut
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	Calvert & Preston Sts.
Remarks,	

OCT 7 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15334

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex, (state whether male or female)* Male Charles Carroll Wallace
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 28th, 1889
4. *Place of Birth, (Street and Number)* No 821 North Ann St.
5. *Full Name of Mother,* Mrs. Sydney P. Wallace
6. *Mother's Maiden Name,* Miss Sydney P. Renshaw
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Charles C. Wallace
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return Wm. H. Cleudinen, M.D.

Address, 1700 East Fayette St. Cor. Broadway

Remarks, Full name of child added by mother when applying for a transcript Apr. 10-1929 Sidny P Wallace Mother

J. E. Wehne, Birth Index Clerk

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick Siegling A 15335

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) white
3. Date of Birth, twenty eight at six Clock
4. Place of Birth, (Street and Number) September 1899 Bowen St. 1147
5. Full Name of Mother, Annie Siegling
6. Mother's Maiden Name, Annie Wolf
7. Mother's Birthplace, Germania
8. Full Name of Father, Wilhelm Siegling
9. Father's Occupation, Shoemacker
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Mrs. Bangl

Address, 711 Bowen St

Remarks, GIVEN NAME ADDED. 5-19-53 L.M.

HEALTH DEPARTMENT, DEC 19 1899 BALTIMORE

month. The Clerk shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15336

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Sept. 1889.
4. *Place of Birth, (Street and Number)* 1353 Carroll St.
5. *Full Name of Mother,* Annie Herman
6. *Mother's Maiden Name,* " Heisler.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Herman
9. *Father's Occupation,* Cart driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle

Address, 711 Cross St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1533

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 28th 1889
4. *Place of Birth, (Street and Number)* No 1221 Patapsco st
5. *Full Name of Mother,* Barbara Nagle
6. *Mother's Maiden Name,* Barbara Prefte
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Nagle
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrine Horning

Address, No 1517 Byrd st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15338

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept ~~28~~ 28, 1889.
4. Place of Birth, (Street and Number) 917 Eastern Ave.
5. Full Name of Mother, Susie Vatta
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Vatta
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Lucie Bernstein

Address, 122 S. ~~Eutaw~~ Exeter St.

Remarks, 122 S.

HEALTH DEPARTMENT OCT 1889 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15239

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept 28th 1889
4. *Place of Birth*, (*Street and Number*) 1045 Myrtle Ave
5. *Full Name of Mother*, Bertha Meislahn
6. *Mother's Maiden Name*, Dogge
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Chas Meislahn
9. *Father's Occupation*, Woodcarver
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Dr Wm Gambrill

Address, 128 W Lee St

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and name of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1534 H

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Saturaday 28th 1889.

4. Place of Birth (Street and Number), No 223 Clay St balto

5. Full Name of Mother, Annie Maria Pilghman

6. Mother's Maiden Name, Annie Maria Balden

7. Mother's Birthplace, Easton Shore Maryland.

8. Full Name of Father, Charles Henry Pilghman

9. Father's Occupation, Coachmen

10. Father's Birthplace, Cumberland Maryland.

Name of Medical Attendant, or other person who makes this Return. Fannie Myers.

Address, No 223 Clay St. balto Md.

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15341

HEALTH DEPARTMENT, OCT 26 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28th 1889
4. *Place of Birth, (Street and Number)* No 3 Hill St Woodbury
5. *Full Name of Mother,* Alice Miles
6. *Mother's Maiden Name,* " Houck
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Louis O Miles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Olivia Ruby

Address, Falls Road & Union ave Woodbury

Remarks,

Baltimore Child whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 28th 1889
4. *Place of Birth, (Street and Number)* Waternite
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Delphia Blake
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Res Phy. Waternite

Remarks,

SECTION 1. Also be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15343

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 28th 89
4. *Place of Birth, (Street and Number)*	1110 N. Eutaw St
5. *Full Name of Mother,*	Mary Donavin
6. *Mother's Maiden Name,*	" Berry
7. *Mother's Birthplace,*	Balt City Md U.S.A.
8. *Full Name of Father,*	Matthew W. Donavin
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Shippensburg Pa
Name of Medical Attendant, or other Person who makes this Return	Dr. A. Bell MD
Address,	841 N. Eutaw St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15344

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colard
3. Date of Birth, Sept. 28th 1889
4. Place of Birth, (Street and Number) 744 Pierce near Clinton ave.
5. Full Name of Mother, mrs. ~~Sophia~~ Sophia Offul
6. Mother's Maiden Name, Sophia Taylor
7. Mother's Birthplace, west river
8. Full Name of Father, Benjamin Offul
9. Father's Occupation, labouring man
10. Father's Birthplace, west River

Name of Medical Attendant, or other person who makes this Return, Mary E. Jones

Address, 1121 Saratoga st

Remarks, 771 Chestnut alley bet. Brune and Able st.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-1534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	28th september 1889
4. Place of Birth (Street and Number),	216 North Calvert St
5. Full Name of Mother,	Mrs Sallie G Dawson
6. Mother's Maiden Name,	Sallie G Conroy
7. Mother's Birthplace,	Baltimore City Md
8. Full Name of Father,	Edward P Dawson
9. Father's Occupation,	Wire worker
10. Father's Birthplace,	Yorkshire England
Name of Medical Attendant, or other person who makes this Return.	mrs Charity Jones
Address,	101 E mulberry St
Remarks,	

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

GIVEN NAME ADDED 6-12-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Catherine Stail

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28 1889
4. Place of Birth, (Street and Number) 1906 E. Biddle
5. Full Name of Mother, Mary A Stail
6. Mother's Maiden Name, Aloes
7. Mother's Birthplace, City
8. Full Name of Father, Wm F. Stail
9. Father's Occupation, Paper Carrier
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. B Schwatka M. D

Address, 1003 N. Broadway

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. A 15347

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28 1889
4. *Place of Birth, (Street and Number)* 2337 E. Monument St.
5. *Full Name of Mother,* A. Louis
6. *Mother's Maiden Name,* A. Mnemsiore
7. *Mother's Birthplace,* Balto. County.
8. *Full Name of Father,* A. Louis
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. County.

Name of Medical Attendant, or other person who makes this Return. M. d. Bud

Address, 1245 E. Monument St. cor. Central ave

Remarks, See Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female A 15348

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 28th 1889

4. Place of Birth, (Street and Number) 33 S. Sliker st

5. Full Name of Mother, Mary E. Shott

6. Mother's Maiden Name, " " Rees

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John C. Shott

9. Father's Occupation, Merchant Taylor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M. D.

Address, 833 Edmondson Ave

Remarks,

Section 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15349

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 28 1887
4. Place of Birth, (Street and Number) 127 Montgomery Street Balto
5. Full Name of Mother, Mary M. Brown
6. Mother's Maiden Name, Mary M. Queen
7. Mother's Birthplace, 48 China st Balto
8. Full Name of Father, William H Brown
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Calvert county Maryland

Name of Medical Attendant, or other Person who makes this Return Sarah ann Brown

Address, 827 China St City

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd A 15350

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 28. 89
4. Place of Birth, (Street and Number) 621 N Carey St
5. Full Name of Mother, Mary Sohl
6. Mother's Maiden Name, Mary Walker
7. Mother's Birthplace, Va
8. Full Name of Father, Wm F. Sohl
9. Father's Occupation, Salesman
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. Mason Hundley

Address, 1002 E Monument Ave

Remarks,

RECEIVED OCT 2 1889

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and penalties are recoverable.

N D. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15351

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday Sept. 28th - 1889
4. *Place of Birth, (Street and Number)*	45 Harford Road
5. *Full Name of Mother,*	Dortha R. Ward
6. *Mother's Maiden Name,*	Dortha Romoser
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Robt. W. Ward,
9. *Father's Occupation,*	Salesman,
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton M.D
Address,	Calvert & Preston Sts
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Heath. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

15357

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept. 28, 1889
4. *Place of Birth, (Street and Number)*	1107 Parish alley
5. *Full Name of Mother,*	Mary Dorsey
6. *Mother's Maiden Name,*	Mary Stewart
7. *Mother's Birthplace,*	Colbert Co Ala
8. *Full Name of Father,*	William Dorsey
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Colbert Co Ala
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1121 Saratoga St
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15353

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 28 1889
4. *Place of Birth, (Street and Number)* 525 N. Castle St.
5. *Full Name of Mother,* Margretha Anna Stocks
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Stocks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15354

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th Sept 1889
4. *Place of Birth, (Street and Number)* 532 Fort Ave
5. *Full Name of Mother,* Amanda Voice
6. *Mother's Maiden Name,* Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Voice
9. *Father's Occupation,* City Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 516 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15355

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 28th 1889
4. *Place of Birth, (Street and Number)* 875 Byd st
5. *Full Name of Mother,* Sottie Smith
6. *Mother's Maiden Name,* Sottie Butler
7. *Mother's Birthplace,* St. Mary's Co Md
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Matthews Co. Va.

Name of Medical Attendant, or other person who makes this Return. Am Garnish

Address, 871 Byd st

Remarks, None.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15356

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28 1889
4. Place of Birth, (Street and Number) Baltimore 42 S. Poppleton st
5. Full Name of Mother, Sarah Conan
6. Mother's Maiden Name, Sarah Conan
7. Mother's Birthplace, Irland
8. Full Name of Father, William Conan
9. Father's Occupation, Hack driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton st

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15357

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septr. 29. 1889.
4. *Place of Birth, (Street and Number)* 1303 Linden Ave.
5. *Full Name of Mother,* Adelade Bealmear
6. *Mother's Maiden Name,* Reamy
7. *Mother's Birthplace,* Queen Anne's Co Md.
8. *Full Name of Father,* Saml. Bealmear
9. *Father's Occupation,* Real Estate Agt.
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian M.D.

Address, 1821 Madison Ave

Remarks,

HEALTH DEPARTMENT OCT 4 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-15358

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 29, 1889.
4. Place of Birth, (Street and Number) 1004 E. Pratt str
5. Full Name of Mother, Rebecca Klein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Mendel Klein
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mary Cecilie Bernstein

Address, 129. S. Exeter Str.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have ... or her care during the month, and shall set forth as far as the same can be ascertained ... if any shall have been conferred) its sex, color, the full name and occupation of ... birth; and the said schedule shall be delivered, duly signed by the practitioner ... the first and third day of each and every month to the office of the Commissioner of Health. In case ... any child shall occur without the attendance of a physician or practitioner of midwifery, ... tion be in attendance upon the mother, immediately thereafter it shall become the duty of the person or ... of such child to report its birth to the Commissioner of Health, in the manner above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15359

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 29 1889
4. *Place of Birth, (Street and Number)* 613 Colvin St
5. *Full Name of Mother,* Katie Katovitz
6. *Mother's Maiden Name,* Brunner
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Charles Katovitz
9. *Father's Occupation,* ~~Tailor~~ Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Caroline Stiller

Address, 1605 Walker St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15360

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth September 29th 1889.

4. Place of Birth (Street and Number) 311 West Mulberry.

5. Full Name of Mother Julia A. Stevens

6. Mother's Maiden Name Julia A. Stephens.

7. Mother's Birthplace Kent County Md

8. Full Name of Father Robert Stevens.

9. Father's Occupation Farmer.

10. Father's Birthplace Cecil County Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Starr M.D.

Address No 218 N. Liberty St.

Remarks Presentation Labor of two hours

September 30th 1889

HEALTH DEPARTMENT, OCT 1 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 — 15361

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 Sep.
4. Place of Birth, (Street and Number) 1303 E. Lombard St
5. Full Name of Mother, Lizzie Heinie
6. Mother's Maiden Name, " Kronmiller
7. Mother's Birthplace, Europe ~~Heinie~~
8. Full Name of Father, Wm Heinie
9. Father's Occupation, dry goods store
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullrich

Address, 1802 Holland St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in [illegible] between the first and third day of each and every month to the office of the Commi[illegible] the birth of any child shall occur without the attendance of a physician or practi[illegible] other person be in attendance upon the mother, immediately thereafter it sha[illegible] the duty of [illegible] parents of such child to report its birth to the Commissioner of Health, in [illegible] manner and [illegible] required, and any such person or persons who shall hereafter fail to co[illegible] with the provisi[illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be re[illegible]overed as other fines and [illegible] recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15362

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th Sept 1889
4. Place of Birth, (Street and Number) 1324 Orleans st
5. Full Name of Mother, Rosa Gerwich
6. Mother's Maiden Name, " Goldstine
7. Mother's Birthplace, Europe
8. Full Name of Father, Bernhard Gerwich
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Uebrig

Address, 1302 Holland st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15363

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	b
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th Sept
4. *Place of Birth, (Street and Number)*	602 S. Wolf st
5. *Full Name of Mother,*	Barbara Schwartzman
6. *Mother's Maiden Name,*	" Landau
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Geo Schwartzman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs. R Uhlig
Address,	1302 Holland st
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15364

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	September 29 1889
4. *Place of Birth, (Street and Number)*	1507 Mosher St
5. *Full Name of Mother,*	Anna E. Lycipe
6. *Mother's Maiden Name,*	" McGuigan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John W. Lycipe
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mahony Brewer M.D.
Address,	1106 McCulloh St
Remarks,	

ister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of alth. This schedule shall contain a list of the births which have occurred under his or her care during the nth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the id schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in tendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ild to report its birth to the Commissioner of Health, in the manner and within the period above required, and y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 1 1889

A 15365

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* September the 29th
4. *Place of Birth, (Street and Number)* Baltimore Ridgely St 134
5. *Full Name of Mother,* anne Sticher
6. *Mother's Maiden Name,* grieff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sticher
9. *Father's Occupation,* glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Heathcoat

Address, 1514 Eight st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 153676

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29, 1889.
4. *Place of Birth, (Street and Number)* No. 1504 Eighth Street.
5. *Full Name of Mother,* Katie Jacobs.
6. *Mother's Maiden Name,* Katie Bessel.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Jacobs.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. A. A. Elwell, M. D.

Address, 1741 Hanford ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W

A 15367

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 29 1889
4. Place of Birth, (Street and Number) 631 South Howard St.
5. Full Name of Mother, Sarah Skinner
6. Mother's Maiden Name, Sarah Johnson
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Joseph Skinner
9. Father's Occupation, Employ Agent Office
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 313 King Street

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name, if any, and shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child (if any shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in the city, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-13368

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth,

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 29th 1889
4. *Place of Birth (Street and Number),* 402 Stockholm St
5. *Full Name of Mother,* Annie Archer
6. *Mother's Maiden Name,* Annie Young
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Davis J. Archer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Harford Co. Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, A 1327 Hanover St

Remarks,

Mothers under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15369

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifteenth

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* September 29th 1889
4. *Place of Birth, (Street and Number)* No 516 N. Calvert St
5. *Full Name of Mother,* Melisa Everton
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* Franklin Va
8. *Full Name of Father,* Charles Everton
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Woodsville S. C.

Name of Medical Attendant, or other person who makes this Return? Amelia Johnson

Address, No 1024 Park Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Trimp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child A 15370

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 29 of September
4. Place of Birth (Street and Number), No 293 Courtland St
5. Full Name of Mother, Mrs Jane Trimp
6. Mother's Maiden Name, Jane Kilroe
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Trimp
9. Father's Occupation, Messenger of the Marine Hospital
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Fannie Burgess

Address, No 229 Clay st Balti

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

1889
8

RETURN OF A BIRTH

NAME ADDED 11-8-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank H. Zimmerman

A-15371

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 Sept. 1889
4. Place of Birth, (Street and Number) 1902 Shew st.
5. Full Name of Mother, Marie Anna Zimmerman
6. Mother's Maiden Name, = Schleicher
7. Mother's Birthplace, Balto city
8. Full Name of Father, John Zimmerman
9. Father's Occupation, —
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Central Av

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank [illegible] which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and residence of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, and the exact time and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form aforesaid, to the Commissioner of Health on the first and third day of each and every month to the office of the Commissioner of Health; and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15372

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy W. Snowden
2. Race or Color, (if not of the white race) White U.D.D. 8/6/20
3. Date of Birth, September 29th 89
4. Place of Birth, (Street and Number) 719 N Mount St
5. Full Name of Mother, Sarah Frances Wright
6. Mother's Maiden Name, Sarah Frances Keech
7. Mother's Birthplace, Charles County Md
8. Full Name of Father, James Henry Wright
9. Father's Occupation, Merchant
10. Father's Birthplace, Charles County Md

Name of Medical Attendant, or other person who makes this Return. P S Fuell M D

Address, 1637 Edmondson Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29-89
4. Place of Birth, (Street and Number) Burrough St 1522
5. Full Name of Mother, Antonia Nowakowski
6. Mother's Maiden Name, Mrak
7. Mother's Birthplace, Gnesen - Posen
8. Full Name of Father, John Nowakowski
9. Father's Occupation, Arbeiter
10. Father's Birthplace, Gnesen - Posen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 6-9-5-5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15374

Anna Barbara Kwarda

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Boy~~ Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September ~~29~~ 26 1889
4. Place of Birth, (Street and Number) Chapple st 8361
5. Full Name of Mother, Anna ~~Florianek~~ Kwarda
6. Mother's Maiden Name, Florianek
7. Mother's Birthplace, ~~Baltimore~~ Bohemia
8. Full Name of Father, Joseph ~~Florianek~~ Kwarda
9. Father's Occupation, Tailor
10. Father's Birthplace, ~~Baltimore~~ Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Dr Foster

Address,

Remarks, Washington 205

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

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OCT 2 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

153 15

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 te Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Born 29th of Sept. 1889
4. *Place of Birth, (Street and Number)*	No 568 Frederick ave
5. *Full Name of Mother,*	Mrs Mary Eber
6. *Mother's Maiden Name,*	Miss " Meichel
7. *Mother's Birthplace,*	Born Bayer Germany
8. *Full Name of Father,*	Mr. Andrean Eber
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Born Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Heller
Address,	2127 west Pratt st
Remarks,	

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(A) 15376

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 29 1889
4. *Place of Birth, (Street and Number)* Canton ave 2218
5. *Full Name of Mother,* Mary Sinlzon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* polis
8. *Full Name of Father,* John Sinlzon
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* polis

Name of Medical Attendant, or other person who makes this Return. Mary Shoplis

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd, A, 15377
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 29th - 1869.
4. *Place of Birth, (Street and Number)*	809 Neighbor St
5. *Full Name of Mother,*	Mary Ellen Mc. Donald,
6. *Mother's Maiden Name,*	Mary Ellen Mc. Intire,
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Edward Mc. Donald
9. *Father's Occupation,*	Iron Moulder,
10. *Father's Birthplace,*	Balto. Md,
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
Address,	Calvert & Preston Sts,
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-3-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Elizabeth Link

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 15378

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, September the 29th

4. Place of Birth, (Street and Number) Baltimore Port ave 10.4

5. Full Name of Mother, Mary Link

6. Mother's Maiden Name, gass

7. Mother's Birthplace, Marland

8. Full Name of Father, William Link

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn

Address, 1914 light st

Remarks,

HEALTH DEPARTMENT BALTIMORE MD OCT 3 1899

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1A 15379

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 29th 1889
4. Place of Birth, (Street and Number) Baltimore No 800 Linden Ave
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, Mary Hays
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Hays
9. Father's Occupation, Produce Seller
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15380

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29th 1889
4. Place of Birth, (Street and Number) #1517 Eden St.
5. Full Name of Mother, Mary L Donovan.
6. Mother's Maiden Name, Weber.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Dennis [redacted] Donovan.
9. Father's Occupation, Moulder.
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Miss Dena Dillegeist

Address, #1038 E. Monument St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-21-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Celia Hoffman

A. 15381

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 30. 1889
4. Place of Birth, (Street and Number) 939 E. Pratt St
5. Full Name of Mother, Annie Hoffman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, George Hoffman
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

HEALTH DEPARTMENT, OCT 1 1889 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the [illegible] in the manner [illegible] of the person or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 4-24-62

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Grace Eleanor Hammett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 and A 15382

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 30th 1889

4. Place of Birth, (Street and Number) S.S. Carrollton ave

5. Full Name of Mother, Mrs Maggie Hammett

6. Mother's Maiden Name, A Stanglein

7. Mother's Birthplace, City

8. Full Name of Father, Wm H. Hammett

9. Father's Occupation, Harness maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Henry F Bill M.D.

Address, 1001 E Monument ave

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15383

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (s[redacted] female)*
2. *Race or Color, ([redacted] white race)*
3. *Date of Birth,* Sept 30 89
4. *Place of Birth, (Street and Number)* 1628 S. Charles St
5. *Full Name of Mother,* Mrs. Laurie Voyce
6. *Mother's Maiden Name,* Laurie Reisinger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Mr. Voyce
9. *Father's Occupation,* Dwr
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Dr. A. L. Kuhn

Address, 1455 Light St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15384

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 30 Sept
4. *Place of Birth (Street and Number),* 426 N. Front. St
5. *Full Name of Mother,* Adelbe Grieb
6. *Mother's Maiden Name,* Adelbe Luthernoth.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian H. Grieb.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink Meidwife

Address, No 907. Willen St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15385

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	4th
1. *Sex*, (*State whether male or female*)	Female
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept: 30th
4. *Place of Birth*, (*Street and Number*)	30 Parkin St
5. *Full Name of Mother*,	Dora Rosenbaum
6. *Mother's Maiden Name*,	Dora Strauss
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Benjn Rosenbaum
9. *Father's Occupation*,	Merchant
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	H Deutsch
Address,	400 Eutaw St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

BW J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15386

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 30
4. *Place of Birth, (Street and Number)* 1134 Sasfersas St
5. *Full Name of Mother,* Lillie Piper
6. *Mother's Maiden Name,* " Varina
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Piper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Hanyon

Address, 412 Scott St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orew

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15387

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male Percy Watkins Jones
2. Race or color, (if not of the white race) White
3. Date of Birth, September 30 1899
4. Place of Birth, (Street and Number) 826 Harlem Avenue
5. Full Name of Mother, Lucy Emily Jones
6. Mother's Maiden Name, " " Wells
7. Mother's Birthplace, Georgia
8. Full Name of Father, Walter Jones
9. Father's Occupation, Bank Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Marbury Brewer M.D.

Address, 1101 McCulloh Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE REGISTRATION OCT 7 1899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 2 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15388

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Yellow
3. Date of Birth, September 30th 1889
4. Place of Birth, (Street and Number) Baltimore No 864 Vine St
5. Full Name of Mother, Elizebth Mackey
6. Mother's Maiden Name, Elizebth Duglas
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Moses Mackey
9. Father's Occupation, Driver for a Miller
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mary T. Holland

Address, 832. Vine St

Remarks, Mother and Child are both getting along well at present

Respectfully

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15389

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 31 September 1887
4. Place of Birth, (Street and Number) 521 Reasercort
5. Full Name of Mother, Maggie Minnes
6. Mother's Maiden Name, Maggie Parker
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Minnes
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Emly Hughs

Address, 131 welcome alley

Remarks, No Remarks

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 15390 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30 89
4. Place of Birth, (Street and Number) No 229 S. Chapel St.
5. Full Name of Mother, Kate Gilmarden
6. Mother's Maiden Name, Swift
7. Mother's Birthplace, Irland
8. Full Name of Father, John Gilmarden
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15241

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 30th '89
4. Place of Birth (Street and Number), 2124 Vine St.
5. Full Name of Mother, Maggie Hafner
6. Mother's Maiden Name, " Runkle
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Hafner
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. B. Gardner

Address, 424 N. Greene St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a statement, on the first and third day of each and every month to the office of the Commissioner of Health. In case there shall any child at all occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-15342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	30th September
4. Place of Birth, (Street and Number)	515 Wyeth Street
5. Full Name of Mother,	Lottie LeBon
6. Mother's Maiden Name,	Lottie Whiteford
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas Wm LeBon
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	(Mrs Cord)
Address,	433 S. Appleton St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

1539 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	september the 30 1889
4. *Place of Birth, (Street and Number)*	Eastern st 29
5. *Full Name of Mother,*	Hester Jefferey
6. *Mother's Maiden Name,*	Hester widmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Jefferey
9. *Father's Occupation,*	Paper hanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	

OCT 1 1889

WM J. C. DULANY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15394

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd
1. *Sex*, (*State whether male or female*)	Male
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	April 30 1899
4. *Place of Birth*, (*Street and Number*)	1414 E. Monument -
5. *Full Name of Mother*,	Anne William
6. *Mother's Maiden Name*,	Mc Cullough
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Ed. F. William
9. *Father's Occupation*,	Painter
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other person who makes this Return.	David Scott MD
Address,	403 N. Exeter -
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 - A 15395

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 30, 1889
4. *Place of Birth, (Street and Number)* 1109 Ensor St.
5. *Full Name of Mother,* R. Murphy.
6. *Mother's Maiden Name,* R. Furlong,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A. Murphy.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return. M. A. Butler

Address, 1215 E. Monument St. cor. Central ave

Remarks, All Well.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15396

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 30 September
4. *Place of Birth, (Street and Number)* 177 Easten ave
5. *Full Name of Mother,* Liana Schreiben
6. *Mother's Maiden Name,* Liana Adler
7. *Mother's Birthplace,* Prucha Tyrkland
8. *Full Name of Father,* Herman Schreiben
9. *Father's Occupation,* Barbeer
10. *Father's Birthplace,* Prucha Tyrkland

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, 1913 Easten ave

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d A. 15391

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~Wilson Ste~~ Sept 30th 1889
4. Place of Birth, (Street and Number) 301 Wilson ste
5. Full Name of Mother, Rosa Shindler
6. Mother's Maiden Name, " Röder
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Alois Shindler
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Mannel Midwife

Address, 923 Penna Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Name: Oliver Francis Cannoles

1. Sex, (state whether male or female) Male A 15398
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 30
4. Place of Birth, (Street and Number) 1318 N Dallas st
5. Full Name of Mother, Maggie Cannoles
6. Mother's Maiden Name, Maggie Schaefer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver Frank Cannoles
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 1516 Mc Elderry st H Smith

Remarks, None

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

CERTIFICATE CORRECTED 3-15-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas (Wenceslaus) James Petr

15399

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 26 ~~30~~ 1889
4. Place of Birth, (Street and Number) Chapel 938
5. Full Name of Mother, (Mary) (~~Porpisilova~~) Petr
6. Mother's Maiden Name, Porpisil
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Joseph Petr
9. Father's Occupation, Talor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address, Washington 205

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 15400

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 30th 89
4. *Place of Birth, (Street and Number)* 315 Pearl St.
5. *Full Name of Mother,* Anna Neubauer
6. *Mother's Maiden Name,* Anna Genge
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Nicholas Neubauer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address, 639 Franklin St.

Remarks,

HEALTH DEPARTMENT OCT 21 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15401

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th Sept 1889
4. *Place of Birth, (Street and Number)* 714 Wehage St
5. *Full Name of Mother,* Margarett Riggins
6. *Mother's Maiden Name,* Clinton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Riggins
9. *Father's Occupation,* Shipsmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gewell

Address, 516 Font Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 15402

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 30.
4. Place of Birth, (Street and Number) 1357 N. Fremont ave
5. Full Name of Mother, Anna E. Senft
6. Mother's Maiden Name, Anna E. Meister
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry B. Senft
9. Father's Occupation, Baker.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return Chas. H. Burbert

Address, 1926 Penna. Ave.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, each and every of any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular midwife, it shall become the duty of the person in attendance upon the mother, immediately thereafter to notify the Commissioner of Health, in the manner and within the time above required, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 15403
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 30th 1889
4. *Place of Birth, (Street and Number)*	241 North Chester
5. *Full Name of Mother,*	Barbara Shaber
6. *Mother's Maiden Name,*	Barbara Cuny
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leo Shaber
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Payson St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15404

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) Color

3. Date of Birth, September 30 th " 1889

4. Place of Birth, (Street and Number) Watchcot St 1210 Bal City

5. Full Name of Mother, Willie Annie Hubert

6. Mother's Maiden Name, Willie Annie young

7. Mother's Birthplace, Cambridge Md

8. Full Name of Father, Josey Henry Hubert

9. Father's Occupation, Laborer Work

10. Father's Birthplace, Saint-Marries Cou

Name of Medical Attendant, or other person who makes this Return Mary C Jones

Address, 121 W Saratoga St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15405

A. 15405

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Joseph
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29/18
4. *Place of Birth, (Street and Number)* 1005 E. Pratt street.
5. *Full Name of Mother,* Rachel Abraham.
6. *Mother's Maiden Name,* Rachel Ustman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Abraham
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr Scherman

Address, Albemarle st n 103

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16406

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	30th of September 1887
4. Place of Birth, (Street and Number)	No 415 Eutaw Sts.
5. Full Name of Mother,	Marcella A. Kearney
6. Mother's Maiden Name,	Marcella A. Cain
7. Mother's Birthplace,	Cumberland Md.
8. Full Name of Father,	James F. Kearney
9. Father's Occupation,	Foreman in Laundry
10. Father's Birthplace,	Harford County.
Name of Medical Attendant, or other person who makes this Return.	M. K. Casey
Address,	213 E. Heath
Remarks,	Doing Well

NOV 14 1887 BALTIMORE

Every midwife or other person who shall assist at the birth of any child, and every undertaker who shall bury the dead body of any child, and every person who shall have the charge of such child, or of such dead body, shall, within twenty-four hours after the birth of such child, or after the burial of such dead body, if the birth of such child shall have occurred during the progress of such burial

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15407

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
1. Sex, (*State whether male or female*)	Female
2. Race or color, (*if not of the white race*)	White
3. Date of Birth,	Sept. 30th 1889
4. Place of Birth, (*Street and Number*)	# 1528 Hanover st.
5. Full Name of Mother,	Louise M. Kries
6. Mother's Maiden Name,	Schultz
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Michael Kries
9. Father's Occupation,	Metal Worker
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st. Ca Balto
Remarks,	

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	29 of September 1889
4. *Place of Birth, (Street and Number)*	2030 Ellin St
5. *Full Name of Mother,*	Martha Brooks
6. *Mother's Maiden Name,*	Martha Chase
7. *Mother's Birthplace,*	Eastern Maryland
8. *Full Name of Father,*	William Brooks
9. *Father's Occupation,*	Hod Carrier
10. *Father's Birthplace,*	Eastern Maryland
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	1610 Vincent and Isaac Baker
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1889

Orig Certif missing
15409 + 15410
copied out
by Vol 10

Missing
15409 - 410

See Vol-10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

15411

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* 8th Septbr. 1889
4. *Place of Birth, (Street and Number)* Bethel str: # 717.
5. *Full Name of Mother,* Emma Fathers
6. *Mother's Maiden Name,* " " Woppmann
7. *Mother's Birthplace,* Wilhelmsdorf, (Preusen)
8. *Full Name of Father,* Lorenz Woppmann
9. *Father's Occupation,* Stevendore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buchler
Midwife

HEALTH DEPARTMENT OCT 3 1889 BALTIMORE

[illegible] those charge of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 3 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or color, (if not of the white race) white
3. Date of Birth, 10th Septbr. 1889
4. Place of Birth, (Street and Number) Caestleh. #9
5. Full Name of Mother, Katharina Dabeig
6. Mother's Maiden Name, " " Vow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Vow
9. Father's Occupation, Bäcker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler midwife

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Incoming

C. 15413 — 15424

1889

Orig Certificates
15413 to 15424 inclusive
Copied out
of Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Theresa Amelia Meyer

A. 15425

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1889
4. *Place of Birth, (Street and Number)* 1011 Sharp
5. *Full Name of Mother,* Laura E. (~~Geo~~) (~~Meyer~~) Meyer
6. *Mother's Maiden Name,* " " Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo (~~Meyer~~) Meyer
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cook Md

Address, ~~518 [illegible]~~ 914 N Church

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

1889

Orig Certif missing
15426 to 15434 incl
Copied out of
Vol 10

Missing
a. 15426 - 15434

GIVEN NAME ADDED 11-14-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Emma Herbert Kronau A. 15435

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

(state whether ~~Male or~~ Female) Female

ace or Color (if not of the white race) White

te of Birth Oct. 1st 1889

ce of Birth (Street and Number) 1113 Mulberry St.

Name of Mother Molly E. Kronau

her's Maiden Name " " Eslin

her's Birthplace Balto.

Full Name of Father Harry M. Kronau

9. Father's Occupation Japanner

Father's Birthplace Balto.

of Medical Attendant, or other Person who makes this Return. O. Winter M.D.

ress 1722 W. Lanvale St.

marks

Penalties in the City of Baltimore.

coucheur, midwife, or other person in charge, who shall attend, assist or
d, within the City of Baltimore, shall report to the registrar aforesaid,
ting distinctly the date of birth, sex, and color of the child or children
dition, whether still born or not, the full name, nativity, and residence
n name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15436

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth ?

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 1st 1889
4. *Place of Birth, (Street and Number)* 1217 St. Paul Street
5. *Full Name of Mother,* Neva Winans
6. *Mother's Maiden Name,* Niva Whistler
7. *Mother's Birthplace,* St. Petersburg — Russia
8. *Full Name of Father,* Ross Revillon Winans
9. *Father's Occupation,* Gentleman
10. *Father's Birthplace,* St Petersburg — Russia

Name of Medical Attendant, or other person who makes this Return. H. P. C. Wilson [illegible]

Address, 814 Park Avenue

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13437

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 1889
4. *Place of Birth, (Street and Number)* Lombard st 1752
5. *Full Name of Mother,* Wm B Latkamp
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Siermen
8. *Full Name of Father,* John Latkamp
9. *Father's Occupation,* shoe maker
10. *Father's Birthplace,* Siermen

Name of Medical Attendant, or other person who makes this Return. Mary Martin

Address,

Remarks, Washington 208

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1889. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15736

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 1 1889
4. *Place of Birth, (Street and Number)* Patterson Park ave 215
5. *Full Name of Mother,* Amie Holzheid
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* August Holzheid
9. *Father's Occupation,* baber
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Sebastis

Address,

Remarks, Wartington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 1 1889
4. *Place of Birth, (Street and Number)* Burke st 616
5. *Full Name of Mother,* Annie Rickson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bearmen
8. *Full Name of Father,* Francis Rickson
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bearmen

Name of Medical Attendant, or other person who makes this Return. Mary Austin

Address, Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (State whether male or female)* Male

A 15440

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* Oct 1 1889

4. *Place of Birth, (Street and Number)* 197 Hanson

5. *Full Name of Mother,* Matilda Katzenstine

6. *Mother's Maiden Name,* " Schmartz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Abraham Katzenstine

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. David Streett MD

Address, 403 N. Exeter St

Remarks,

HEALTH DEPARTMENT OCT 7 1889

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 15441

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 1st
4. Place of Birth, (Street and Number) 131 Scott St
5. Full Name of Mother, Catherine Kelly
6. Mother's Maiden Name, " O'day
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Kelly
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Warren

Address, 412 Scott St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

15442

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 1st '89
4. Place of Birth, (Street and Number) Cor. Barclay & Lanvale Sts.
5. Full Name of Mother, Mrs Eliza Barnett
6. Mother's Maiden Name, Eliza Ford
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Dr. Wm P. Barnett
9. Father's Occupation, "Druggist"
10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other person who makes this Return. George Lewis Staley Md.

Address, 1628 N Calvert St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

A. 15443

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 1, 1889.
4. *Place of Birth, (Street and Number)* No. 1830 Harford ave.
5. *Full Name of Mother,* Frances Welsh.
6. *Mother's Maiden Name,* Frances England.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alexander Welsh.
9. *Father's Occupation,* Stonecutter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Aug. A. Clewell, M.D.

Address, 1741 Harford ave

Remarks,

HEALTH DEPARTMENT OCT 14 1889 BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should neither person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 14 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* October 1st 1889.
4. *Place of Birth, (Street and Number)* No: 18 Loudon Ave.
5. *Full Name of Mother,* Mary Kratz.
6. *Mother's Maiden Name,* Mary Willgrube.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* August Kratz.
9. *Father's Occupation,* Mover.
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall occur, and every person practicing midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William George Rossman

A 154

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	October 1st 1889
4. *Place of Birth, (Street and Number)*	643 Dover street
5. *Full Name of Mother,*	Pauline Rossman
6. *Mother's Maiden Name,*	Pauline Truss
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George A. Rossman
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Lichtenberg, Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs C Seebach
Address,	No 795 W. Pratt St.
Remarks,	GIVEN NAME ADDED. 2-29-52

NOV 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (~~state whether~~ male or ~~female~~) 13446

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, Oct 1. 89

4. Place of Birth, (Street and Number) 12 N. Montgomery St.

5. Full Name of Mother, Mrs. Estelle McGunigan

6. Mother's Maiden Name, Estelle Chaney

7. Mother's Birthplace, Balto.

8. Full Name of Father, Edward McGunigan.

9. Father's Occupation, Printer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Kuhn

Address, 1435 Light St.

Remarks,

HEALTH DEPARTMENT, OCT 2 1889 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

15447

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1st
4. *Place of Birth, (Street and Number)* 2110 Marianna St
5. *Full Name of Mother,* Maggie Burrows
6. *Mother's Maiden Name,* Peregory
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Burrows
9. *Father's Occupation,* dont know
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. Henry F. Hill M.D.

Address, 1001 Edmondson ave

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the [illegible] have required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 1st 89

4. Place of Birth, (Street and Number) 1607 Rigg ave

5. Full Name of Mother, Josie Kenney

6. Mother's Maiden Name, Josie Connelly

7. Mother's Birthplace, Md

8. Full Name of Father, Lawrence Kenney

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. Mason Hundley

Address, 1002 E Monument ave

Remarks,

A 1374/18

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother hereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of stillbirths and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

S. B. PIET & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male A 137448

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 1st 89

4. Place of Birth, (Street and Number) 1607 Riggs ave

5. Full Name of Mother, Josie Kenne

6. Mother's Maiden Name, Josie Connelley

7. Mother's Birthplace, Va

8. Full Name of Father, Lawrence Kenne

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return J. Mason Hundley

Address, 1002 E Monument ave

Remarks,

OCT 2 1889

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. B. PILE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 1st of Oct 1889
4. *Place of Birth, (Street and Number)* No 1.03 Addison st
5. *Full Name of Mother,* Mrs B. Fichm
6. *Mother's Maiden Name,* Miss B. Walter
7. *Mother's Birthplace,* West Prisan Germany
8. *Full Name of Father,* Mr F. Fichm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* West Prison Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

HEALTH DEPARTMENT OCT 7 1889

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 1st 1899.
4. Place of Birth, (Street and Number) 2017 Brunt St.
5. Full Name of Mother, Mary Born
6. Mother's Maiden Name, Mary Boylan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Born
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Chas H Corbett

Address, 1926 Penna ave

Remarks,

B No 137450

Baltimore under whose charge or superintendance [illegible] midwifery in the City of [illegible] shall keep a true and correct register of such birth, and shall enter the same [illegible] a blank schedule to be furnished [illegible] the Commissioner of Health. This schedule shall contain a list of the births which [illegible] occurred under [illegible] care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and [illegible] occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. In case [illegible] birth of any child shall occur without the attendance of a physician or [illegible] midwifery, [illegible] no other person be in attendance upon the mother, immediately thereafter it shall [illegible] duty of such mother or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15751

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* October 1st 1889
4. *Place of Birth, (Street and Number)* 625 King St
5. *Full Name of Mother,* Frances Parrott
6. *Mother's Maiden Name,* " Banks
7. *Mother's Birthplace,* Shepherdstown Va
8. *Full Name of Father,* Thomas A Parrott
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Lottsburg Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isabel Griffin ~~Buck~~ A. 15457

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 7/89
4. Place of Birth, (Street and Number) N° 3039 Elliott St Canton
5. Full Name of Mother, Hariet Buck
6. Mother's Maiden Name, Ferguson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Buck
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington Ave.

Remarks,

OCT 22 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of [illegible] case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] would no other person be in attendance upon the mother, immediately thereafter it shall be [illegible] son or parents of such child to report its birth to the Commissioner of Health [illegible] above required, and any such person or persons who shall hereafter fail [illegible] county with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15453

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	W
3.	*Date of Birth,*	Oct 1st 1919
4.	*Place of Birth, (Street and Number)*	322 Albemarle
5.	*Full Name of Mother,*	Augusta Bock
6.	*Mother's Maiden Name,*	.....
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Rudolf Bock
9.	*Father's Occupation,*	Cabinet Maker
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Mrs H C Knowles
	Address,	1829 E Fait Ave
	Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. And in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15454

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. D.
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	October. 9. 1.
4. *Place of Birth, (Street and Number)*	209. Jonk. Str.
5. *Full Name of Mother,*	Rosina. Treffinger.
6. *Mother's Maiden Name,*	Rosine. Muent.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Johann Treffinger.
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Auguste Rosign.
Address,	3. Henrietta. Str.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15455

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 1st 1889

4. Place of Birth, (Street and Number) 1422 W. Chester st Balto Md

5. Full Name of Mother, Ellen Hanney

6. Mother's Maiden Name, Ellen Walsh

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Hanney

9. Father's Occupation, Gal or

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Magdelene Burns

Address, 1600 W. Chester st.

Remarks,

HEALTH DEPARTMENT OCT 22 1889 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virginia R. Cook 13456

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d ch.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, Oct. 8th, 1889
4. Place of Birth, (Street and Number) 1007 Light St.
5. Full Name of Mother, Louisa Catherine Cook,
6. Mother's Maiden Name, " " Starkey,
7. Mother's Birthplace, Delaware
8. Full Name of Father, Robert H. Cook,
9. Father's Occupation, Block & Pump-maker "
10. Father's Birthplace, Worcester Co. Md "

Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall, M.D.

Address, 524 Sharp St.

Remarks, GIVEN NAME ADDED. 5-7-59

NOV 4 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15457

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 1/89
4. Place of Birth, (Street and Number) No. 1520 Thames St
5. Full Name of Mother, Lina Hofmann
6. Mother's Maiden Name, Gebelin
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Hofmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. OCT 22 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A. 15458

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1889. 7 PM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, } Lizzie Gray
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Resby. Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15459

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 1st 1897
4. *Place of Birth, (Street and Number)*	1117 Nanticoke st
5. *Full Name of Mother,*	Maggie Scanlon
6. *Mother's Maiden Name,*	" Legg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Nicholas Legg
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham
Address,	
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation [illegible] the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third, A 15760

Name Helen Bertha Pierpont

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) (White)
3. Date of Birth, Oct 1st 89-
4. Place of Birth, (Street and Number) 3033. Elliott St.
5. Full Name of Mother, Caroline. Pierpoint
6. Mother's Maiden Name, Caroline. Nikedemyer
7. Mother's Birthplace, Baltimore. City
8. Full Name of Father, Thomas. B.S. Pierpoint
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore. City

Name of Medical Attendant, or other person who makes this Return. Mrs P. Lersemahn

Address, 1225. Hare St.

Remarks,

NOV 4 1889

registers of such birth, and shall cater the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full particulars of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1A 15461

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 1. 1889.
4. *Place of Birth, (Street and Number)* 7 N. Carolina str
5. *Full Name of Mother,* Mary Grossman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Willie Grossman
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Caecilie Bergstein

Address, 122 S. Exeter str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd child
(state whether male or female)	Female
ce or Color (if not of the white race)	White
e of Birth	1 1/2 of October
ce of Birth (Street and Number)	No 118 S. Carrollton Ave.
l Name of Mother	Kate Y. C. Buckley
her's Maiden Name	Kate Y. C. Riordon
her's Birthplace	Martinsburg West Va.
l Name of Father	Tolen Buckley
her's Occupation	Saloon
her's Birthplace	Ireland
ne of Medical Attendant, or other Person who makes this Return.	Mrs Ruth A Cohlaur
dress	No 1206 W. Pratt St
narks	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

13463

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 1st 1889
4. *Place of Birth, (Street and Number)*	No. 212 W. Henrietta st
5. *Full Name of Mother,*	Catherine Koehnlein
6. *Mother's Maiden Name,*	Catherine Schoenhals
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John George Koehnlein
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Catherina Wundy
Address,	800 Seadenhall St.
Remarks,	

HEALTH DEPARTMENT, NOV 1 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN

To the Office of Registrar

BALT

No. of Child of Mother, (state whether 1st, 2d, 3d, d

1. Sex, (state whether male or female) ..... oct
2. Race or Color, (if not of the white race) 917
3. Date of Birth, ... Marg
4. Place of Birth, (Street and Number) ..... M
5. Full Name of Mother, ... Morgunkay
6. Mother's Maiden Name, ... Henry
7. Mother's Birthplace, ... ~~prince~~ ~~georg~~
8. Full Name of Father, ... prince
9. Father's Occupation, labor ..... George
10. Father's Birthplace, ... Elizbeth
Name of Medical Attendant, or other Person who makes this Return ..... 807 madison al
Address, ... Baltimore
Remarks, ...

DULANY & CO., CITY PRINTERS AND STATIONERS

...ary physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Female 13465
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct. 1st 1889
4. Place of Birth (Street and Number),	Pennsylvania Ave. 2122
5. Full Name of Mother,	Mary Miller
6. Mother's Maiden Name,	Mary Eidman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Miller
9. Father's Occupation,	Stair Renter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ida Sadler
Address,	602. Gold St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Keeper of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	October 2 1882
4. *Place of Birth, (Street and Number)*	No 2720 Clonel st
5. *Full Name of Mother,*	Rebecca James Freizell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Gomes
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Jacob F Harrington
Address,	No 224 Biddle st
Remarks,	

A 15466

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 15469

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2th 1889
4. *Place of Birth, (Street and Number)* german Street No 608
5. *Full Name of Mother,* ginnie Lockeland
6. *Mother's Maiden Name,* ginnie Wilkerson
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* David Lockerland
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 15768

1. Sex, (state whether male or female) girle
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 2th 1889
4. Place of Birth, (Street and Number) Baltimore Orleans Street 2020
5. Full Name of Mother, May Sipes
6. Mother's Maiden Name, May Barry
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Ben Sipes
9. Father's Occupation, Firedepartment
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15469

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 2nd 1889
4. *Place of Birth, (Street and Number)* #1405 N. Washington St
5. *Full Name of Mother,* Louisa Yensch.
6. *Mother's Maiden Name,* Spengler.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Yensch.
9. *Father's Occupation,* Balto. Md.
10. *Father's Birthplace,* Butcher

Name of Medical Attendant, or other person who makes this Return. Balto. Md.

Address, #1038 E. Monument St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15470

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 2nd 1889.
4. Place of Birth, (Street and Number) #1301 Division St.
5. Full Name of Mother, Elizabeth Hofman.
6. Mother's Maiden Name, " Goldinger.
7. Mother's Birthplace, Hanover Pa.
8. Full Name of Father, John H. Hofman.
9. Father's Occupation, Confectioner.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 2nd 1889
4. Place of Birth, (Street and Number) 409 Block st.
5. Full Name of Mother, Susie Crossmor.
6. Mother's Maiden Name, " " Abrams.
7. Mother's Birthplace, City
8. Full Name of Father, Willie Crossmor.
9. Father's Occupation, Insurance agent.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

NOV 1 1889

BALTIMORE CITY

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18477

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 1, 1889 ~~228 Vane St~~
4. *Place of Birth, (Street and Number)* 228 Vane St
5. *Full Name of Mother,* Mary E Benson
6. *Mother's Maiden Name,* Mary E Norris
7. *Mother's Birthplace,* Chestertown Md
8. *Full Name of Father,* Isiah Benson
9. *Father's Occupation,* Drawman
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other person who makes this Return. Abilla Brooks

Address, 1132 Warren St

Remarks, Doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1544/3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2nd 1889
4. *Place of Birth, (Street and Number)* 1624 Penna Avenue
5. *Full Name of Mother,* Mary Bounds
6. *Mother's Maiden Name,* Mary Shats
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bounds
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Hesenzehl

Address, 1507 Pennsylvania Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 15474

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 2. 1889
4. *Place of Birth, (Street and Number)* Fayette st 1615
5. *Full Name of Mother,* Nellie Holser
6. *Mother's Maiden Name,* Habbersett
7. *Mother's Birthplace,* Geamen
8. *Full Name of Father,* Witmiss Habbersett
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Geramen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address, Washington 205

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18475

NOV 12 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male ~~White~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2nd, 1889
4. *Place of Birth, (Street and Number)* Westphal place No. 1807
5. *Full Name of Mother,* Sallie Benson
6. *Mother's Maiden Name,* Sallie Taylor
7. *Mother's Birthplace,* Martinburg N. D.
8. *Full Name of Father,* Christopher Benson
9. *Father's Occupation,* B Cun Conducter B. O road
10. *Father's Birthplace,* Prince George Ct. M. D.

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, No. 1828 Light st.

Remarks, doing well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 15476

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October the 2nd
4. Place of Birth, (Street and Number) 1210. Jefferson St
5. Full Name of Mother, Mary B Bearman
6. Mother's Maiden Name, Stengel
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. Bearman
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary A Allwell

Address, 912. McCulloh St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 15477

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2d Oct 1889
4. *Place of Birth, (Street and Number)* 27 Poultney St
5. *Full Name of Mother,* Mary Carrie Grill
6. *Mother's Maiden Name,* Schillinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Grill
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

BEILER OF BIRTHS NOV 2 1889 BALTIMORE, MD.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

A

15478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* october the 25th
4. *Place of Birth, (Street and Number)* Baltimore johnson st 1143
5. *Full Name of Mother,* lydia A yonger
6. *Mother's Maiden Name,* Sharwasser
7. *Mother's Birthplace,* Marland
8. *Full Name of Father,* fransis A yonger
9. *Father's Occupation,* panter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn

Address, 1514 light st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2 Oct
4. *Place of Birth, (Street and Number)*	1442 E. Monument st
5. *Full Name of Mother,*	Elizebith Weyford
6. *Mother's Maiden Name,*	Hollecheck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Robert Weyforth
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grogny
Address,	940 N. Gay st
Remarks,	

Baltimore shall, whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) A 1548

3. Date of Birth, Oct 2d

4. Place of Birth, (Street and Number) 1322 N. Carey st

5. Full Name of Mother, Lillie Hensel

6. Mother's Maiden Name, Lillie Ragman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Harmanus H. Hensel

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Schuckey

Address, 612 Cumberland st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~3tes~~ 1tes

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Whit

3. *Date of Birth,* 2te of ~~November~~ October 1859.

4. *Place of Birth, (Street and Number)* 820 S Broadway

5. *Full Name of Mother,* Anna Wermann

6. *Mother's Maiden Name,* Anna Reisinger

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Fredrich A. Wermann

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hille midwife

Address, 207. N. Castle Street Baltimore.

Remarks,

A 15481

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15482

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Oct. 2/89
4. *Place of Birth, (Street and Number)* 2108 E. Fayette
5. *Full Name of Mother,* Sarah V. Shaw
6. *Mother's Maiden Name,* " " Crisp
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Daniel E. Shaw
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other person who makes this Return. G. L. Williams

Address, 226 E. Bay

Remarks,

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 15783

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 2d - 1889
4. *Place of Birth (Street and Number)* 130 S Eary St
5. *Full Name of Mother* Martha D Hemling
6. *Mother's Maiden Name* Martha Donaldson
7. *Mother's Birthplace* Balt md
8. *Full Name of Father* Henry A Hemling
9. *Father's Occupation* Builder
10. *Father's Birthplace* Balt md

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneas

Address 1202 W Fayette St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

A. 137484

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2d 1889
4. Place of Birth, (Street and Number) 659 W. Mulberry Street.
5. Full Name of Mother, Hannah Hopwood.
6. Mother's Maiden Name, Hannah Bartholow
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Frederick Hopwood.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Frederick Maryland.

Name of Medical Attendant, or other person who makes this Return. C. K. Jumper M. D.

Address, 917 Argyle Ave. Baltimore.

Remarks,

OCT 3 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	Josephine Female,
2. Race or color, (if not of the white race)	White,
3. Date of Birth,	Oct. 2. 1889.
4. Place of Birth, (Street and Number)	1632 Division st,
5. Full Name of Mother,	Theresa A. Dawson,
6. Mother's Maiden Name,	Heinichen,
7. Mother's Birthplace,	Fredericksburg, Va.,
8. Full Name of Father,	Thos. W. Dawson,
9. Father's Occupation,	Merchant,
10. Father's Birthplace,	Orangeburg, S. C.
Name of Medical Attendant, or other person who makes this Return.	J. F. Ingle M. D.
Address,	1007 W. Fayette
Remarks,	

A. 15-485

BALTIMORE MD. OCT 3 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the officer, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. The penalties and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, OCT 3 1889 BALTIMORE

13486

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 4 —

1. Sex (state whether male or female), — male —
2. Race or Color (if not of the white race), white
3. Date of Birth, October 2 - 1889
4. Place of Birth (Street and Number), 2020 E. Fayette st
5. Full Name of Mother, Mary Kuhn
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Balto. md.
8. Full Name of Father, Geo. Conrad Kuhn
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other person who makes this Return. P. L. Dausman.

Address, 1727 E. Balto. st.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 10-7-5-5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alton Tyler

A. 15489

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 2nd 1889
4. *Place of Birth, (Street and Number)*	2124 E Pratt st
5. *Full Name of Mother,*	Lena Tyler
6. *Mother's Maiden Name,*	" Fotwell
7. *Mother's Birthplace,*	St Mary's Co. Md
8. *Full Name of Father,*	J Frank Tyler
9. *Father's Occupation,*	Oyster Commission Merchant
10. *Father's Birthplace,*	Somerset Co. Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M.D
Address,	1308 N Charles st
Remarks,	

OCT 8 1889

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. Tole schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15488

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 2nd.
4. *Place of Birth, (Street and Number)*	410 Fulton Street
5. *Full Name of Mother,*	Catharine Garrigan.
6. *Mother's Maiden Name,*	Catharine Folan
7. *Mother's Birthplace,*	A.A. County, Md.
8. *Full Name of Father,*	Edward Garrigan.
9. *Father's Occupation,*	Drayman.
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wooden.
Address,	936 Greenmount Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* 10.2.87
4. *Place of Birth, (Street and Number)* 867 W. Lombard
5. *Full Name of Mother,* Ida Hunt
6. *Mother's Maiden Name,* Simpson
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Benj. F. Hunt
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Harford Co., Md.

Name of Medical Attendant, or other Person who makes this Return. Louis M. Eastman

Address, 772 Lexington

Remarks, Natural Labor

A 15489

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT OCT 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th A 157490

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* October 2nd 1889.
4. *Place of Birth, (Street and Number)* 1102 Barclay St
5. *Full Name of Mother,* Mary E Swift
6. *Mother's Maiden Name,* " " Quinlan
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* James H Swift
9. *Father's Occupation,* Confectioner & Baker.
10. *Father's Birthplace,* Harford Co'ty

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andre M

Address, 1123 E Baet. St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) A 15491

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Octo. 2 1889
4. *Place of Birth, (Street and Number)* 1214 Ensor St
5. *Full Name of Mother,* Anna S McKincie
6. *Mother's Maiden Name,* " " Kinnear
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John McKincie
9. *Father's Occupation,* Book-Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. V Ridgway Andre M.D.

Address,

Remarks,

HEALTH DEPARTMENT OCT 4 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male A 15492
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 Oct.
4. *Place of Birth, (Street and Number)* 110 E. Hayette
5. *Full Name of Mother,* Mary Hanrahan
6. *Mother's Maiden Name,* " Pollard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joe Hanrahan
9. *Father's Occupation,* Oyster House
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Ullrig

Address, Balto. Md.

Remarks,

HEALTH DEPARTMENT OCT 4 1888

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1549-2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 2nd
4. *Place of Birth, (Street and Number)*	1510 ½ Clarkson St.
5. *Full Name of Mother,*	Annie Mary Becker
6. *Mother's Maiden Name,*	Annie Mary Baer.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Louis Becker.
9. *Father's Occupation,*	Box Maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Minnick
Address,	S. W. Corner of Eadenhall & Montgomery Sts
Remarks,	

Number of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. DELANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 4 1889 BALTIMORE

A 15494

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. D.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, October of 2.
4. Place of Birth, (Street and Number) 1012 Sharp Str.
5. Full Name of Mother, Dorothea Gartleb.
6. Mother's Maiden Name, Dorothea Barty.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Bernhard Gartleb.
9. Father's Occupation, Piano Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Auguste Boisen.

Address, 3. Henrietta Str.

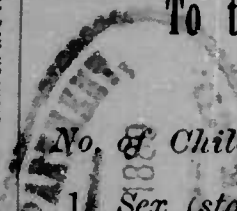
Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 13495

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2nd, 1889. 9 3/4 A.M.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Elma A Bell
6. Mother's Maiden Name, Elma A McFall
7. Mother's Birthplace, Ohio
8. Full Name of Father, Charles Bell
9. Father's Occupation, Lawyer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy. Maternite

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 5 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child 15496

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 2 on a/89.
4. Place of Birth, (Street and Number) # 2029 Wilkens Ave
5. Full Name of Mother, Minnie Counselman
6. Mother's Maiden Name, " " Blamy
7. Mother's Birthplace, Harford County.
8. Full Name of Father, George Counselman
9. Father's Occupation, Machinist,
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 1008 Monroe St,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15499

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 1889
4. Place of Birth, (Street and Number) No 601 Campbell st.
5. Full Name of Mother, Mary Magdalen Chapman.
6. Mother's Maiden Name, " " Geiss
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Charles Greenbury Chapman.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address,

Remarks,

Register of such Birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 2 1889
4. Place of Birth, (Street and Number)	Forest Ave No 1414
5. Full Name of Mother,	Annie Hannigan
6. Mother's Maiden Name,	Annie Terry
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Hannigan
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Balt Md

A 15498

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Male A. 15499
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2, 1889
4. Place of Birth, (Street and Number) Andrew St No 1457
5. Full Name of Mother, Margaret Kelly.
6. Mother's Maiden Name, Margaret Hawkins
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Jams Kelly
9. Father's Occupation, Lubcar
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. Wm Ettel

Address, 1619 Cuba St

Remarks, Balt

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. "In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15500

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct the 2 1889
4. *Place of Birth, (Street and Number)* Carroll A.V. No 15
5. *Full Name of Mother,* Mrs Lizabeth Oaple
6. *Mother's Maiden Name,* Lizabeth Kline
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* August Oaple
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Catonsvile Baltimore County

Name of Medical Attendant, or other person who makes this Return. S A Piquett

Address, Carroll P.O.

Remarks, the child has not got aney name yet but if it is wanton I will send all the names that I have atended for two months past

HEALTH DEPARTMENT, OCT 7 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex (state whether male or female),*	Male A 15501
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Oct. 2nd 18.19
4. *Place of Birth (Street and Number),*	Hinden St. 1520
5. *Full Name of Mother,*	Mary Kyle
6. *Mother's Maiden Name,*	Mary Weistanten
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philipp Kyle
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ida Ladden
Address,	602 Gold St
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1 A 15602

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* october 3 . 1889
4. *Place of Birth, (Street and Number)* Baltimore city Calendar #12
5. *Full Name of Mother,* Charlotte . Frances . Carroll
6. *Mother's Maiden Name,* Charlotte Frances Wilder
7. *Mother's Birthplace,* South Africa Cape of Good Hope
8. *Full Name of Father,* Edward Francis Carroll
9. *Father's Occupation,* machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N° Payson St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 15303

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female Rachel
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 October 1889
4. Place of Birth, (Street and Number) 95 Pratt street
5. Full Name of Mother, Lda Leayson
6. Mother's Maiden Name, Lda Sherr
7. Mother's Birthplace, Lamod Leavison
8. Full Name of Father, Tailor
9. Father's Occupation, Russia
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15504

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 October 1889
4. *Place of Birth, (Street and Number)* 213 Peca street
5. *Full Name of Mother,* Annie Isnar
6. *Mother's Maiden Name,* Annie Alter
7. *Mother's Birthplace,* Prucia
8. *Full Name of Father,* Ludwig Isnar
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Prucia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15505

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 3rd 1889
4. Place of Birth, (Street and Number) #123 Forest Place.
5. Full Name of Mother, Kate Norwood,
6. Mother's Maiden Name, Casey.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Wm. Norwood,
9. Father's Occupation, Shipping Clerk,
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Miss Dena Pellegrini

Address, #103 E. Monument St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15506

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 3 1889
4. Place of Birth, (Street and Number) Thames St 1639
5. Full Name of Mother, Frances Sadowsen
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemen
8. Full Name of Father, Peter Sadowsen
9. Father's Occupation, tailor
10. Father's Birthplace, Bohemen

Name of Medical Attendant, or other person who makes this Return. Mary Shaftin

Address,

Remarks, Washington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 15507

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colar

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colar
3. *Date of Birth* oct 3 1889
4. *Place of Birth (Street and Number)* Wolcf St near Bride
5. *Full Name of Mother* Sallie [redacted] Key
6. *Mother's Maiden Name* Sallie [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Moses A Key
9. *Father's Occupation* Colrra
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Della Howe

Address 1018 Chappel St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3rd October
4. *Place of Birth, (Street and Number)* 410 King Street
5. *Full Name of Mother,* Jessie Spriggs
6. *Mother's Maiden Name,* Jessie Gross
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Joseph Spriggs
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street

Remarks,

A 15508

OCT 7 1889

...and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15309

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd Oct
4. *Place of Birth, (Street and Number)*	1227 Hollbrook st
5. *Full Name of Mother,*	Mary Picola
6. *Mother's Maiden Name,*	Medinger
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Picola
9. *Father's Occupation,*	Shoe cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	940 N. Gay st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 3rd 1889
4. *Place of Birth, (Street and Number)* 559 Mosher St
5. *Full Name of Mother,* Emma A Lose
6. *Mother's Maiden Name,* Emma A Detmire
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Lose
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Mesenzehl

Address, 1507 Penna Avenue

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15511

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	5th of October 1859
4. *Place of Birth, (Street and Number)*	519 Wolf street
5. *Full Name of Mother,*	Mary Breight
6. *Mother's Maiden Name,*	Mary Schmitt
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	George Schmitt
9. *Father's Occupation,*	Brick layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st for Justina Kunkel
Remarks,	Healthy.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Oscar Jerome Benson 2. A 13517

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth Oct 3, 1889.
4. Place of Birth, (Street and Number) 532 N. Hoffman St.
5. Full Name of Mother, Alice Benson.
6. Mother's Maiden Name, Alice Bishop.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, John H. Benson,
9. Father's Occupation, Laborer.
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Pooder St.

Remarks, [illegible] 8-11-52

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-17-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Whittingham Smith A. 15513

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 3/89
4. Place of Birth, (Street and Number) No 2109 Fairmount Av
5. Full Name of Mother, Mary ~~Schmidt~~ Smith
6. Mother's Maiden Name, Webster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward ~~Schmidt~~ Smith
9. Father's Occupation, Captain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

OCT 22 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and [illegible] period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15-514

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth twins male & female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3rd, 1889
4. Place of Birth, (Street and Number) Hanover st No 523
5. Full Name of Mother, Christina Elizabeth Kennedy
6. Mother's Maiden Name, Christina Elizabeth Hoffman
7. Mother's Birthplace, Frederick Co, Md
8. Full Name of Father, James Joseph Kennedy
9. Father's Occupation, Engineer of B. & O. road
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, E. L. Tully

Address, No, 1828 Light st

Remarks, doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15515

NOV 8 1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 3rd
4. *Place of Birth, (Street and Number)*	902 Harford Ave
5. *Full Name of Mother,*	Maggie Maria Bond
6. *Mother's Maiden Name,*	Maggie Maria Kelley
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Benja Franklin Bond
9. *Father's Occupation,*	Horse dealer
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	W B Penny MD
Address,	Chase St & Greenmount Ave
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Hollingshead Parker

15516

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 3 1889
4. *Place of Birth, (Street and Number)* 826 N Fulton Avenue
5. *Full Name of Mother,* Margaret E Parker
6. *Mother's Maiden Name,* " Markland
7. *Mother's Birthplace,* Bal City
8. *Full Name of Father,* Wm I. Parker
9. *Father's Occupation,* Drugs Wholesale
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Marbury Brown Jr

Address, 406 McCulloh St

Remarks, GIVEN NAME ADDED 7-28-52

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-26-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Frank Kekoe A 15517

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Oct 3 1889
5. Place of Birth, (Street and Number) 1139 Granby St.
6. Full Name of Mother, Caroline Kekoe
7. Mother's Maiden Name. Schaumberg
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph H. Kekoe
10. Father's Occupation, Wagon-Painter
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, Dr. Mary Stein
13. Address, 1427 E. Pratt St.
14. Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month., and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15 518

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) light brown skin
3. Date of Birth, third of oc
4. Place of Birth, (Street and Number) Gilbert st 616
5. Full Name of Mother, souse Right
6. Mother's Maiden Name, souse winchester
7. Mother's Birthplace, baltimore city
8. Full Name of Father, Pary Right
9. Father's Occupation, Labouer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address, 616 Clinton ave

Remarks,

[illegible] of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-21-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Jackson ~~Buckner~~

A 15519

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) light brown skin
3. Date of Birth, 1889 — third off october
4. Place of Birth, (Street and Number) 812 ~~6th~~ drurd hill ave
5. Full Name of Mother, Martha Buckner
6. Mother's Maiden Name, Martha Jackson
7. Mother's Birthplace, City off baltimor
8. Full Name of Father, Williams ~~[illegible]~~
9. Father's Occupation, Water (buckner
10. Father's Birthplace, Virgina

Name of Medical Attendant, or other Person who makes this Return. Lydia somerville

Address, Clinton ave 6th

Remarks,

HEALTH DEPARTMENT, NOV 1889 BALTIMORE, MD.

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

A. 15570

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 3d. 1889

4. Place of Birth, (Street and Number) 1308 Lem. Ave.

5. Full Name of Mother, Mary Knox

6. Mother's Maiden Name, O'Neal

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jas. Knox

9. Father's Occupation, Clerk in P.O.

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. J. B. Christian, M.D.

Address, 1821 Madison Ave

Remarks,

OCT 4 1889

REGISTERED

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

A 15521

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 3. 1889.

4. *Place of Birth, (Street and Number)* S.E. Cor Wilson St & Penna Ave

5. *Full Name of Mother,* Mary Richards

6. *Mother's Maiden Name,* Mary Richards.

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Thomas S. Parent

9. *Father's Occupation,* Physician

10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return G. E. Shannon M.D.

Address, 1142 Pressman St.

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

A. 155 22

3. *Date of Birth,* October 3rd 189

4. *Place of Birth, (Street and Number)* 920 Valley St.

5. *Full Name of Mother,* Ella Horrigan

6. *Mother's Maiden Name,* Ella Dorry

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Timothy Horrigan

9. *Father's Occupation,* Shoe Cutter

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. J B Saunders M.D.

Address, 819 - E. Chase St.

Remarks, Premature birth. at 6½ month of Utero Gestation. Lived only 3 hours.

HEALTH DEPARTMENT OCT 4 1899

...shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh -

1. *Sex, (State whether male or female)* Female

2. *Race or color, (if not of the white race)* Negro.

3. *Date of Birth,* ~~Not~~ October 3d. 1889.

4. *Place of Birth, (Street and Number)* 704 Sara Ann St.

5. *Full Name of Mother,* Joanna McCleell

6. *Mother's Maiden Name,* Duvallwell.

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* David McCleell

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Pearce Kontzing M.D.

Address, 601 Franklin St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A1 15524

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 3
4. *Place of Birth (Street and Number)* 24 Henrietta
5. *Full Name of Mother* Annie Henry
6. *Mother's Maiden Name* " Atkinson
7. *Mother's Birthplace* Md
8. *Full Name of Father* Wm Henry
9. *Father's Occupation* Engineer
10. *Father's Birthplace* B city

Name of Medical Attendant, or other Person who makes this Return. R H O'Ellis

Address 915 Lyft

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Eugene Haslup

A 15525

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Babe - Male
2. *Race or color, (if not of the white race)* ~~White~~ White
3. *Date of Birth,* 6th ~~4th~~ October 1889
4. *Place of Birth, (Street and Number)* Randal St. Randal Street No 43
5. *Full Name of Mother,* Florence ~~Frank~~ ~~Haslup~~ Haslup
6. *Mother's Maiden Name,* " ~~Borman~~ Brohaun
7. *Mother's Birthplace,* ~~Baltimore~~ Maryland
8. *Full Name of Father,* Lloyd J. ~~Louis~~ ~~Haslup~~ Haslup
9. *Father's Occupation,* Work Mann - Workman
10. *Father's Birthplace,* ~~Baltimore~~ Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schwarz Fort St No 434

Remarks, Karoline Schwarz L

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15526

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W. H.
3. *Date of Birth,* October 4th 1889
4. *Place of Birth, (Street and Number)* 404 Fort ave Baltimore Md
5. *Full Name of Mother,* Florence A Johnson
6. *Mother's Maiden Name,* " " Joyner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Winfree D. Johnson
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Henrico Co Va

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schwarz Fort St No 434

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1552

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday 4th 89 6.45 A.M.
4. *Place of Birth, (Street and Number)* 303 Davis St
5. *Full Name of Mother,* Clara, K. Ziegler
6. *Mother's Maiden Name,* Clara K ~~Pitz~~ Pitz
7. *Mother's Birthplace,* Pottsville Penna.
8. *Full Name of Father,* George, W. Ziegler
9. *Father's Occupation,* Beer Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Stretch Mrs

Address, Park Ave & Mulberry St

Remarks,

[illegible] the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Bell Hile

A 15528

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 4th 1889
4. Place of Birth, (Street and Number) 179 E. Randall
5. Full Name of Mother, Ida Hile
6. Mother's Maiden Name, " Schaefer
7. Mother's Birthplace, Pensylvania
8. Full Name of Father, Christ. Hile
9. Father's Occupation, Engineer
10. Father's Birthplace, York. Pa.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks, GIVEN NAME ADDED 3-5-54

L. M.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 15829

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, October 4th 1886
4. Place of Birth, (Street and Number) 8. East Baddle Street
5. Full Name of Mother, Imogen Reid Bird
6. Mother's Maiden Name, Imogen Reid
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilson Edgeworth Bird
9. Father's Occupation, Merchant
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, H. O. Wilson M.D.

Address, 814 Park Avenue

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15330

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 4 1889
4. Place of Birth, (Street and Number) Chapple 820
5. Full Name of Mother, Mary Hlima
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Václav Hlima
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Adoptis

Address,

Remarks, Washington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colord A. 15531
3. Date of Birth, Oct 4-1889
4. Place of Birth (Street and Number), 512 Tyson St
5. Full Name of Mother, Susan Clark
6. Mother's Maiden Name, Susan Holly
7. Mother's Birthplace, St Mary's County
8. Full Name of Father, Wallis Clark
9. Father's Occupation, Waiter
10. Father's Birthplace, St Mary's County

Name of Medical Attendant, or other person who makes this Return. 537 Walnut alley

Address, Maryann Dason

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* Oct 4 1879

4. *Place of Birth (Street and Number),* Farue alley 300

5. *Full Name of Mother,* maggie meale

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* St marys Co md

8. *Full Name of Father,* ~~Walter~~ Maywood hoyed

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. MRS Charity Jones

Address, 101 E mulber St

Remarks,

A.

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

altimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 155-33

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 11 octo 1889
4. *Place of Birth (Street and Number),* 11 23 ~~[illegible]~~ Courtland St
5. *Full Name of Mother,* Rosanna Ellis
6. *Mother's Maiden Name,* Rosannadoherty
7. *Mother's Birthplace,* Campbell Co va
8. *Full Name of Father,* Wm Ellis
9. *Father's Occupation,* plasterer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return.

Address, mrs Charity Jones

Remarks, 101 E mulberry st

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oct. 4 1889
4. *Place of Birth, (Street and Number)* 1509 E. Fayette
5. *Full Name of Mother,* Anne C. Darby
6. *Mother's Maiden Name,* " " Siltman
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* James A. Darby
9. *Father's Occupation,* farmer
10. *Father's Birthplace,* Montgomery Co. Md

Name of Medical Attendant, or other person who makes this Return. David Sheet M.D.

Address, 403 N. Exeter St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15335

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* W
3. *Date of Birth,* Oct 9 na
4. *Place of Birth, (Street and Number)* Rhinehart St
5. *Full Name of Mother,* Kate Kurtz
6. *Mother's Maiden Name,* " Ward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Kurtz
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs May Horiza

Address, 412 Scott St

Remarks,

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh child
1. *Sex, (state whether male or female)*	female A. [illegible]
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 4 1899
4. *Place of Birth, (Street and Number)*	Balto. No 231 Chester st.
5. *Full Name of Mother,*	Sarah Elizabeth Coles
6. *Mother's Maiden Name,*	Sarah E. Thompson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Washington Coles
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Cecil County Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Hannah E Knowles
Address,	1829 East Pratt Street Md.
Remarks,	

OCT 18 1899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

15537

2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4th 1889
4. *Place of Birth, (Street and Number)* 1807 Gough St.
5. *Full Name of Mother,* Lizzie Henkle
6. *Mother's Maiden Name,* " Sunderland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henkle
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return P. B. Hoffman M.D.

Address, 1812 E. Baltimore St.

Remarks,

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12. 15538

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Brown Skin.
3. *Date of Birth* Oct 4. 1889.
4. *Place of Birth, (Street and Number)* 1504 Vine St Balto. Md.
5. *Full Name of Mother,* Virginia Watkins.
6. *Mother's Maiden Name,* " Brown.
7. *Mother's Birthplace,* Green Spring Valley Md.
8. *Full Name of Father,* Thomas Watkins.
9. *Father's Occupation,* Beef dealer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Pasper St.

Remarks,

[illegible] enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 15539

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Black
3. Date of Birth, Oct 4th 89.
4. Place of Birth, (Street and Number) 1123 York Road. Waverly
5. Full Name of Mother, Lura Watkins
6. Mother's Maiden Name, Lura Ellis
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, John Watkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Bailey & Dr Wise

Address, Waverly Balto Md.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT OCT 7 1889

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15340

HEALTH DEPARTMENT, OCT 1839

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 4 of October
4. *Place of Birth, (Street and Number)* 1109 Battery ave
5. *Full Name of Mother,* Sarah Dorothy Lawrence
6. *Mother's Maiden Name,* Sarah Dorothy Stampe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Young Lawrence
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Conaway

Address,

Remarks,

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

15544

HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	4th Child Oct 4th 1889
4. *Place of Birth, (Street and Number)*	304 Brune st
5. *Full Name of Mother,*	Mary Holder
6. *Mother's Maiden Name,*	Mary Hubler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Henry L Holder
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

GEO. J. G. DULANY & SON., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15542

OCT 22 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 4/89
4. *Place of Birth, (Street and Number)* N° 508 S. Bond St.
5. *Full Name of Mother,* Bertha Phillipps
6. *Mother's Maiden Name,* Schafran
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Isidor Philipps
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, N° 405 S. Washington St.

Remarks,

Heads. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence recoverable and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15 5 43

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	October 4/89
4. Place of Birth, (Street and Number)	No 505 Rose St.
5. Full Name of Mother,	Kate Blank
6. Mother's Maiden Name,	Wals
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Blunk
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

OCT 22 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, recoverable as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Theresa Groninger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1A 3 153-44

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 4/89

4. Place of Birth, (Street and Number) No 2214 Essex St

5. Full Name of Mother, Annie Groninger

6. Mother's Maiden Name, Semmings

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Groninger

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks, CHILD NAME ADDED 4-2-53 L.M.

HEALTH DEPARTMENT BALTIMORE MD. OCT 22 1889

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 155 H5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 October
4. Place of Birth, (Street and Number) 1406 Anthony St.
5. Full Name of Mother, Anna Doerfler
6. Mother's Maiden Name, Zehner
7. Mother's Birthplace, Forcheim Baiern
8. Full Name of Father, Franz Doerfler
9. Father's Occupation,
10. Father's Birthplace, Rekel Baiern

Name of Medical Attendant, or other person who makes this Return. Anna F. Walter

Address, 928 Central Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15546

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 4/89
4. *Place of Birth, (Street and Number)* No 2106 Eastern Ave
5. *Full Name of Mother,* Lisbeth Plaske
6. *Mother's Maiden Name,* Meier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Plaske
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

OCT 22 1889

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the [illegible] it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner [illegible] within the period above required, and any such person or persons who shall [illegible] to comply with [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* wh
3. *Date of Birth,* Oct 4th 1889
4. *Place of Birth, (Street and Number)* 215 N Chester St
5. *Full Name of Mother,* Leonora Owens Glascock
6. *Mother's Maiden Name,* Leonora Owens Wheeler
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm L Glascock
9. *Father's Occupation,* Telegraphist
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Jos. V. Bengruger

Address, Broadway & Prat

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15348

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or licensed practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for every offence, to be recovered as other fines and forfeitures are recoverable.

NOV 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	October 4, 1889
4. *Place of Birth, (Street and Number)*	212 N. Durham St.
5. *Full Name of Mother,*	A. Carter,
6. *Mother's Maiden Name,*	T. Slunecka
7. *Mother's Birthplace,*	Baltimore County.
8. *Full Name of Father,*	L. Carter, Jr.
9. *Father's Occupation,*	Tinner,
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other person who makes this Return.	H. A. Butt
Address,	1245 E. Monument St. cor Central ave.
Remarks,	Well Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13349

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) ~~Black~~ Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 4th 1889 1 or 2 AM
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Cowley
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res Phy Maternite

Remarks, Mother 14 years old.

BIRTH DEPARTMENT NOV 2 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 15350

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 89.
4. Place of Birth, (Street and Number) 1000 Argyle Ave.
5. Full Name of Mother, Mary Strider
6. Mother's Maiden Name, Mary Bridinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph M. Strider
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. K. Jones M. D.

Address, 917 Argyle Ave, Baltimore Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third. A 15551

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, October 4th 1889
4. Place of Birth, (Street and Number) 1025 Race street
5. Full Name of Mother, Mary E. Schäfer
6. Mother's Maiden Name, Mary E. Yökel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schäfer
9. Father's Occupation, Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Wunch

Address, 800 Leadenhall St

Remarks,

month, and shall set forth as far as the same [illegible] the full [illegible] of each child, (if any shall have been conferred) its sex, color, the full name and [illegible] of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician [illegible] practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

A 15552

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4th 1889.
4. *Place of Birth, (Street and Number)* Washington Ave —
5. *Full Name of Mother,* Levinia Thompson
6. *Mother's Maiden Name,* Levinia Day
7. *Mother's Birthplace,* Ellicotts city Md.
8. *Full Name of Father,* Richard N. Thompson
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Howard Co Md.

Name of Medical Attendant, or other Person who makes this Return. Hale. Dale. M.D.

Address, 1203 N. Fayette St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15553

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Little Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born 4th of Oct 1884
4. *Place of Birth, (Street and Number)*	No 1930 Lemon Str
5. *Full Name of Mother,*	Mrs B. Feuerhardt
6. *Mother's Maiden Name,*	Miss B. Mourbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mr A. Feuerhardt
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

...month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bu 15554

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female).* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 4th 1889
4. *Place of Birth, (Street and Number)* Patience st 346
5. *Full Name of Mother,* Rosella W. Rousey
6. *Mother's Maiden Name,* Rosella W. Sanders
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elmer E Rousey
9. *Father's Occupation,* Sigar Maker
10. *Father's Birthplace,* Catonsville B C Md

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

HEALTH DEPARTMENT NOV 1889 BALTIMORE

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. BOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15555

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 October 1889
4. Place of Birth, (Street and Number) 431 Boyd street
5. Full Name of Mother, Dora Lam
6. Mother's Maiden Name, Dora Waiman
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Lam
9. Father's Occupation, Peddlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103.

Remarks,

Section. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15556

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5-th 1889.
4. *Place of Birth, (Street and Number)* #806 Hillen St.
5. *Full Name of Mother,* Mary Martin.
6. *Mother's Maiden Name,* " Stagmiller.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Martin.
9. *Father's Occupation,* Copper Smith.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15557

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 5 1889
4. *Place of Birth, (Street and Number)* Egeare st 2030
5. *Full Name of Mother,* Mary Blaha
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaiman
8. *Full Name of Father,* Frank Blaha
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohaiman

Name of Medical Attendant, or other person who makes this Return. Mary Skoptie

Address,

Remarks, Wastington 205

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 15558

Sarah Clara Fernandis

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Ann Fernandis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 at this Birth

1. Sex (state whether male or female), Female 15558

2. Race or Color (if not of the white race), Colored

3. Date of Birth, 5 Oct - 1889

4. Place of Birth (Street and Number), Balto Centre St 110

5. Full Name of Mother, Lulia Fernandis

6. Mother's Maiden Name, Lulia Bradford

7. Mother's Birthplace, Balto

8. Full Name of Father, Walter Fernandis

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs C Jones

Address, 101 E Mulberry Balto

Remarks, GIVEN NAME ADDED 12-28-53 (JULIA ANN)

GIVEN NAME ADDED 3-30-60 H.M. (Sarah Clara)

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15559

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 5th October

4. Place of Birth, (Street and Number) 334 Dover Street

5. Full Name of Mother,

6. Mother's Maiden Name, Florence Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, unMarred

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street

Remarks,

HEALTH DEPARTMENT, OCT 7 1889 BALTIMORE, MD.

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13-560

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5th 1889
4. *Place of Birth, (Street and Number)* Baltimore 321 Pohpleton
5. *Full Name of Mother,* Virginia Ann Romoser
6. *Mother's Maiden Name,* Virginia Ann Matthews
7. *Mother's Birthplace,* Union Meeting House Balto Co
8. *Full Name of Father,* Gustav Albert Romoser
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
1. *Sex, (state whether male or female)*	Male. A 15561
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 5 — 1889.
4. *Place of Birth, (Street and Number)*	1135 Sharp st.
5. *Full Name of Mother,*	Rosa Lillie
6. *Mother's Maiden Name,*	Woodward
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Milton Lillie
9. *Father's Occupation,*	Glass-blower
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Male A 15562
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 5 — 1889.
4. *Place of Birth, (Street and Number)*	33 Lee st.
5. *Full Name of Mother,*	Anna Otter.
6. *Mother's Maiden Name,*	Fickenscher.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	August Otter.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasker. Midwife.
Address,	1032 Hanover st.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 153-63

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 5th of Oct.
4. *Place of Birth, (Street and Number)* Balt. E. Pratt St. No. 1807
5. *Full Name of Mother,* Caroline Falk
6. *Mother's Maiden Name,* Caroline Bestie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Falk
9. *Father's Occupation,* Baber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr. Jos. Krueger.

Address, No. 2321 E. Fayette St. Balt Md

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Oct 5th 1889
4. *Place of Birth, (Street and Number)*	128 goner court
5. *Full Name of Mother,*	Florence gibson
6. *Mother's Maiden Name,*	Florence Smith
7. *Mother's Birthplace,*	Baltimore county
8. *Full Name of Father,*	Alfred Gibson
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore county
Name of Medical Attendant, or other person who makes this Return.	Lucinda Woodard
Address,	432 N Register
Remarks,	

1558

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15565

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, Saturday Oct. 6th
4. Place of Birth, (Street and Number) 1230 Johnson St.
5. Full Name of Mother, Rosa Adele Kaiss
6. Mother's Maiden Name, " " Lentz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Christian Kaiss
9. Father's Occupation, Laborer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

PM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15566

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 5th
4. *Place of Birth, (Street and Number)* 221. Jasper street
5. *Full Name of Mother,* Minnie A Stepney
6. *Mother's Maiden Name,* Minnie A Jackson
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Philip N Stepney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Devall

Address, 213 Jasper street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15367

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 5th 89.
4. *Place of Birth, (Street and Number)*	# 1828 W. Wilhelm St.
5. *Full Name of Mother,*	Mary Fitzer.
6. *Mother's Maiden Name,*	" J. Klee
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Georg T. Fitzer.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Wilport. Pa.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 106. S. Monroe St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

NOV 5 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th 1889
4. Place of Birth, (Street and Number) Balto. Md. 409 N Poppleton
5. Full Name of Mother, Hannah Kennedy
6. Mother's Maiden Name, Hannah Falcherty
7. Mother's Birthplace, Boston, Mass
8. Full Name of Father, Alfred J Kennedy
9. Father's Occupation, Police
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

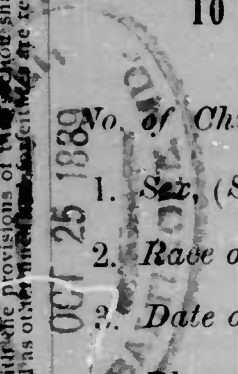
OCT 21 1889
BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered in the fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



A 15869

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	October 5, 1889
4. *Place of Birth, (Street and Number)*	816 Luzerne St.
5. *Full Name of Mother,*	Emma Wagner
6. *Mother's Maiden Name,*	Emma Collier
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Wagner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L Lavigne
Address,	726 Luzerne St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] with whom the parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1557 0

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 day of October
4. *Place of Birth, (Street and Number)*	No 1116 Hanover Street
5. *Full Name of Mother,*	Minnie Schoen
6. *Mother's Maiden Name,*	Minnie Bernhardt
7. *Mother's Birthplace,*	Born in Baltimore
8. *Full Name of Father,*	John Schoen
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr Bange
Address,	
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (30) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 5 the 1889

4. *Place of Birth, (Street and Number)* 615 w Lexington sts

5. *Full Name of Mother,* Kina Koetter

6. *Mother's Maiden Name,* Hafs

7. *Mother's Birthplace,* Oldenburg Germany

8. *Full Name of Father,* Herman Köster

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Oldenburg

Name of Medical Attendant, or other person who makes this Return. Mrs W. Mannel Midwife

Address, 923 Penna Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

OCT 8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White A. 1557
3. Date of Birth, October 5th
4. Place of Birth, (Street and Number) Baltimore Washington av 1113
5. Full Name of Mother, Elizabith Seifert
6. Mother's Maiden Name, Elizabith Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Seifert
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, 414 S Bruckor St Baltimore md

Remarks, Mother and child are doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Oct 5th

4. Place of Birth, (Street and Number) Dover St. 412

5. Full Name of Mother, Mary Ann Jackson

6. Mother's Maiden Name,

7. Mother's Birthplace, Richmond Co. Va

8. Full Name of Father, Charles Thomas

9. Father's Occupation, Barber Shop

10. Father's Birthplace, Middle Ga. Va

Name of Medical Attendant, or other person who makes this Return, Irvin Evangelist M.D.

Address, 622 N. Lombard St

Remarks, Twins.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

A. 15544

3. Date of Birth, Oct 5 1889

4. Place of Birth, (Street and Number) 1018 Mc Donough

5. Full Name of Mother, Annie J. Bowen

6. Mother's Maiden Name, Lackey

7. Mother's Birthplace, Balto.

8. Full Name of Father, J. J. Bowen

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

Act of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each Child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15575

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 5 1889
4. *Place of Birth, (Street and Number)* 841 N Gay St.
5. *Full Name of Mother,* Amelie Bensch
6. *Mother's Maiden Name,* " Hochheimer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Moritz Bensch
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Edward F. McDrill

Address, 208 Aisquith St

Remarks,

REGISTRAR OF VITAL STATISTICS NOV 2 1889 BALTIMORE CITY

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15376

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White race.
3. *Date of Birth,* October 6/89.
4. *Place of Birth, (Street and Number)* No. 1740 Light St.
5. *Full Name of Mother,* Annie Schwarz.
6. *Mother's Maiden Name,* " Schwarz.
7. *Mother's Birthplace,* Prussia.
8. *Full Name of Father,* Gustav Schwarz.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Prussia.

Name of Medical Attendant, or other person who makes this Return. Annie Jeemns.

Address, No 1714 Light St.

Remarks, Yours Respectfully.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 12-1856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Foreman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

15377

1. Sex, (state whether male or female) Male ~~Henry~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 October 1889
4. Place of Birth, (Street and Number) 1615 Eastern Ave.
5. Full Name of Mother, Sarah (~~Sara~~) Foreman
6. Mother's Maiden Name, Sarah Berman
7. Mother's Birthplace, Russia
8. Full Name of Father Louis (~~Louis~~) (~~Fore~~) Foreman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Chemarle St ev 103.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15378

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female Ida
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 October 1889
4. *Place of Birth, (Street and Number)* 141 Central Ave
5. *Full Name of Mother,* Fannie Silberman
6. *Mother's Maiden Name,* Fannie Feltshuld
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hans Silberman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 108

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) " One. A 15579

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* " Colored.
3. *Date of Birth,* " Oct 6. 189
4. *Place of Birth, (Street and Number)* 2° 32. Etting. Str.
5. *Full Name of Mother,* Susie Campbell
6. *Mother's Maiden Name,* " Thomas
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Edward Campbell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Sarah Rallings

Address, 1610 Vincent avenue near Baker

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15580

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, october the 6th
4. Place of Birth, (Street and Number) Baltimore Johnson St 1113
5. Full Name of Mother, Margret A Willimes
6. Mother's Maiden Name, Larmor
7. Mother's Birthplace, Marland
8. Full Name of Father, William Willimes
9. Father's Occupation, waterman
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hathorn

Address, 1514 light St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-20-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Linwood Lewis Cridlin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 15-581

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Oct 1889
4. Place of Birth, (Street and Number) Madron and Adam St Balto
5. Full Name of Mother, Regina M Cridlin
6. Mother's Maiden Name, Regina M Giesecke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Linwood Cridlin
9. Father's Occupation, Painter
10. Father's Birthplace, Fredrickburg Va

Name of Medical Attendant, or other person who makes this Return. Mrs J Wooden

Address, 936 Greenmount St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 155-82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Sunday Oct 6. 1889
4. *Place of Birth, (Street and Number)* Primrose Ave
5. *Full Name of Mother,* Lillie N. McCauley
6. *Mother's Maiden Name,* " " Franklin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry W McCauley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Elkridge Landing Howard Co Md

Name of Medical Attendant, or other person who makes this Return. J B Mullins M D

Address, 931 Frederick Ave Ext

Remarks, Baltimore Md

HEALTH DEPARTMENT, OCT 14 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 153-83

OCT 14 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 6th 1889
4. Place of Birth, (Street and Number) Baltimore, 1[illegible] W. Franklin
5. Full Name of Mother, Ida Virginia [illegible] Lewis
6. Mother's Maiden Name, Ida Virginia Weaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Martin Lewis
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunton

Address, 23 N Poppelton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Oct 6th 1889
4. *Place of Birth, (Street and Number)*	418 Register St
5. *Full Name of Mother,*	Bessy Thomson
6. *Mother's Maiden Name,*	Bessy Daily
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eugene Thomson
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lucindie Woolford
Address,	432 Register St
Remarks,	

A

15-584

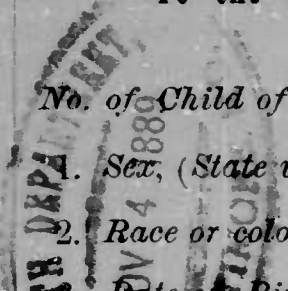
OCT 7 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health at the intervals and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



A 15585

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 6th
4. Place of Birth, (Street and Number)	1422 Hanover St
5. Full Name of Mother,	Ella Conway
6. Mother's Maiden Name,	" Keating
7. Mother's Birthplace,	Balto County
8. Full Name of Father,	Thomas Conway
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return	J. C. Rusk M.D.
Address,	511 Hanover St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-1-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Worthington Gore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct 6 '89
4. Place of Birth (Street and Number), 1412 Lafayette Ave
5. Full Name of Mother, Mrs. Mary A Gore
6. Mother's Maiden Name, Miss " " "
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Clarence W Gore
9. Father's Occupation, Collector
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. J C Worthington

Address, #840 W. Fayette St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 153-87

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making it in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 October
4. Place of Birth, (Street and Number) 611 Bond St.
5. Full Name of Mother, Lallie Miller
6. Mother's Maiden Name, = Gregory
7. Mother's Birthplace, Balt City
8. Full Name of Father, Charles F Miller
9. Father's Occupation, =
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return, Susanna F Walker

Address, 928 Central Avenue

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15588

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Cox
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 Octobre
4. *Place of Birth, (Street and Number)* 933 Sterling
5. *Full Name of Mother,* Elisabeth Muller
6. *Mother's Maiden Name,* = Krone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Muller
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Baden Germanie

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Centr.

Remarks,

Health: This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15584

HEALTH DEPARTMENT OCT 22 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1a. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 6/89
4. *Place of Birth, (Street and Number)*	No 516 Rose St
5. *Full Name of Mother,*	Emma Rauschenbach
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Rauschenbach
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15790

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 6 1889
4. Place of Birth, (Street and Number) 1104 Patterson Avenue
5. Full Name of Mother, Sophia Buschman
6. Mother's Maiden Name, a Riggs
7. Mother's Birthplace, Virginia
8. Full Name of Father, John C Buschman
9. Father's Occupation, Tobacconist
10. Father's Birthplace, East City

Name of Medical Attendant, or other person who makes this Return. Warbury Brewer M.D.

Address, 1116 McCulloh St

Remarks,

NOV 8 1889

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight. A 15591

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 16, 1889
4. Place of Birth, (Street and Number) #1109 N. Ensor St.
5. Full Name of Mother, C. McWirern.
6. Mother's Maiden Name, C. Hodocins,
7. Mother's Birthplace, Ireland.
8. Full Name of Father, J. McWirern,
9. Father's Occupation, Laborer,
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, M. A. Butt.

Address, #1245 E. Monument St. S. W. cor. Central ave.

Remarks, All Well.

HEALTH DEPARTMENT NOV 7 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 6. 1889.
4. Place of Birth, (Street and Number) Cor. Stile Albemarle st
5. Full Name of Mother, Katie Henry
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Henry
9. Father's Occupation, Leborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein

Address, 122 S. Exeter st.

Remarks,

NOV 5 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15593

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 6. 1889.
4. *Place of Birth, (Street and Number)* 7 Guilfords Alley
5. *Full Name of Mother,* Lina Wiener
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Wiener
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter st.

Remarks,

NOV 5 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15594

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	Black.
3. Date of Birth,	Oct. 6th 1899
4. Place of Birth (Street and Number),	315 Barclay Place.
5. Full Name of Mother,	Mary Carter.
6. Mother's Maiden Name,	Mary Hall.
7. Mother's Birthplace,	Maryland.
8. Full Name of Father,	Walter Carter.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Maryland.
Name of Medical Attendant, or other person who makes this Return.	E. F. Cullum.
Address,	4 S. Broadway.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, if any child have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimo e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15595

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6, 1889
4. *Place of Birth, (Street and Number)* 1316 Spring St.
5. *Full Name of Mother,* B. Hechenrader
6. *Mother's Maiden Name,* B. Jagel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. Hechenrader
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, M. A. Bush.

Address, 1245 S Monument St. cor Central ave.

Remarks, Well

NOV 7 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1-5-96

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 6 Oct
4. *Place of Birth, (Street and Number)* 624 Enson St
5. *Full Name of Mother,* Rosa Homberger
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Homberger
9. *Father's Occupation.* Cigar maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrich

Address, 802 Holland St

Remarks,

Health. This schedule shall contain a list of the births which have occurred in the family of his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. *Sex, (state whether male or female)*	Male. A 15597
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	~~Ford Ave~~ Octo 6. 1889
4. *Place of Birth, (Street and Number)*	Forel Ave.
5. *Full Name of Mother,*	Annie Lamb
6. *Mother's Maiden Name,*	Annie Brogan
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thomas Lamb
9. *Father's Occupation,*	Labour.
10. *Father's Birthplace,*	Ireland,
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Eutaw St
Remarks,	Balt.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female).* Male. A. 1.1798
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 6th 1889
4. *Place of Birth, (Street and Number)* 2048 Fayette st.
5. *Full Name of Mother,* Ernestina M Hale
6. *Mother's Maiden Name,* " " Kranzay.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charley M Hale
9. *Father's Occupation,* Cigar maker.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Miss Elizy Betz

Address, 1744 Bank st

Remarks,

NOV 1 1889

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person begin attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) female — 15799
2. Race or color, (if not of the white race) White
3. Date of Birth, October 7th 1869
4. Place of Birth, (Street and Number) 931 McDonough st.
5. Full Name of Mother, Mary C. Hunt
6. Mother's Maiden Name, Mary C. Hoffmann.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Oscar Hunt
9. Father's Occupation, Musician
10. Father's Birthplace, Saxony, Germany.

Name of Medical Attendant, or other person who makes this Return. Charles L. A. Meyer M. D.

Address, 953 W. Gay st.

Remarks, —

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child 1600

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 7th of Oct 1889
4. *Place of Birth, (Street and Number)* No. 330 Smallwood st
5. *Full Name of Mother,* Mrs. Charlota Wilson
6. *Mother's Maiden Name,* Miss " Hartman
7. *Mother's Birthplace,* Born Baltimore
8. *Full Name of Father,* Mr Richard Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 west Pratt st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male 1901
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 7 89
4. *Place of Birth, (Street and Number)* 743 Ark Alley
5. *Full Name of Mother,* Martha Pander
6. *Mother's Maiden Name,* Martha Matthews
7. *Mother's Birthplace,* Baltimore ~~Charles Pander~~
8. *Full Name of Father,* Charles Pander
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Bayles

Address, So 7 Madison Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...AY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna C. Batchelor

A 15602

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Oct 7th 1889.
4. Place of Birth, (Street and Number) 638. W Baltimore St.
5. Full Name of Mother, Emma E. Batchelor.
6. Mother's Maiden Name, Emma E. Walker
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Wallace H Batchelor.
9. Father's Occupation, Upholsterer.
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Kroger, M.D.

Address, 662. W Lexington St.

Remarks,

OCT 7 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A 1603
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 7th "
4. *Place of Birth, (Street and Number)*	703 St. Paul St
5. *Full Name of Mother,*	Minnie B. George
6. *Mother's Maiden Name,*	Minnie B Jenkins
7. *Mother's Birthplace,*	Kentucky
8. *Full Name of Father,*	Josiah F George
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Ft Jenkins
Address,	100 Cathedral St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (State whether male or female)	Female
Race or color, (if not of the white race)	White
3. Date of Birth,	Oct. 7th 1889
4. Place of Birth, (Street and Number)	Rear of 705 William St
5. Full Name of Mother,	Mary Shea
6. Mother's Maiden Name,	O'Brien
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Thos Shea
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	P. G. Lee
Address,	Hanover St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 13605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 7th 1889
4. *Place of Birth, (Street and Number)*	807 Harlem ave
5. *Full Name of Mother,*	Camilla Imandt
6. *Mother's Maiden Name,*	Camilla Chaffinch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustus Imandt
9. *Father's Occupation,*	Hardware Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	Amanda J. Travis, Jr.
Remarks,	871 Harlem ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15606

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth, Oct Monday 7th.
4. Place of Birth, (Street and Number) 2009 Etting Street.
5. Full Name of Mother Susan Rebecca Kennerd.
6. Mother's Maiden Name, S. R. Spencer.
7. Mother's Birthplace, Easton Shore Md.
8. Full Name of Father, James Kennerd.
9. Father's Occupation, Coachman.
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return Eliza Foster.

Address, 2009 Etting Street.

Remarks, Good.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-17-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Arnold Richardson

A 15-607

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Balt~~ Oct 7th 1889
4. Place of Birth (Street and Number) 1316 Bolton st
5. Full Name of Mother Annie Adams Richardson
6. Mother's Maiden Name " " Landstreet
7. Mother's Birthplace Balti City
8. Full Name of Father Winfield J Richardson
9. Father's Occupation Book-Keeper
10. Father's Birthplace Balti Co Md

Name of Medical Attendant, or other Person who makes this Return. James A Stewart Md

Address 611 Park ave

Remarks

...that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 4 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9. D - A 13608
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	October. 9. 1889.
4. *Place of Birth, (Street and Number)*	922. Beaver. Str.
5. *Full Name of Mother,*	Ludovvia Bridge.
6. *Mother's Maiden Name,*	Ludovvia Meyer.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Johann Bridge.
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Berien.
Address,	3. Henrietta. Str.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18609

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th 1889
4. Place of Birth, (Street and Number) Alice Ann St No 1626
5. Full Name of Mother, Helena Leubeker
6. Mother's Maiden Name, Helena Lührer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Casper Leubeker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female A 15610
2. Race or Color (if not of the white race),	—
3. Date of Birth,	Oct 7
4. Place of Birth (Street and Number),	1926 Linden Ave
5. Full Name of Mother,	Lillie Waters
6. Mother's Maiden Name,	Berry
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Baker Waters
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Montgomery Co.
Name of Medical Attendant, or other person who makes this Return.	H M Wilson
Address,	1008 Mad Ave.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 5 1862

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 twins A 1861

1. *Sex, (state whether male or female)* Males
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 7 Oct
4. *Place of Birth, (Street and Number)* 1112 Thompson St
5. *Full Name of Mother,* Lena Goldberg
6. *Mother's Maiden Name,* " Rosenberg
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Meyer Goldberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1902 Hollandst

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13612

NOV 5 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 7. 1889.
4. *Place of Birth, (Street and Number)* 206. Eastern Ave.
5. *Full Name of Mother,* Rebecca Sardall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joe Sardall
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilia Bernstein

Address, 122 S. Exeter str.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parson or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-22-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Adelle ~~Phillips~~

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) Third (3rd)

A. 15613

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 7, 1889
4. Place of Birth, (Street and Number) No. 2335 E. Fayette St.
5. Full Name of Mother, Mrs. Susan Amartha Phillips
6. Mother's Maiden Name, Miss Susan A. Keene
7. Mother's Birthplace, Missouri
8. Full Name of Father, Mr. George Thomas Phillips
9. Father's Occupation, Oyster Dealer
10. Father's Birthplace, Dorchester County, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendinen M.D.

Address, 1700 East Fayette St. Cor Broadway

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Oct. 7, 1889.
4. Place of Birth, (Street and Number) 305 W. Saratoga Street.
5. Full Name of Mother, Sadie Hackett.
6. Mother's Maiden Name, Wonderly.
7. Mother's Birthplace, York Co. Penn.
8. Full Name of Father, George Hackett.
9. Father's Occupation, Comercial Traveler.
10. Father's Birthplace, Europe.

Name of Medical Attendant, or other person who makes this Return. J. Williams Lord M.D.

Address, 601 W. Franklin Street.

Remarks,

A 15-614

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15-615

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 8" 1889.
4. *Place of Birth, (Street and Number)* — Division St.
5. *Full Name of Mother,* Jane Drenning
6. *Mother's Maiden Name.* M Cleary
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father.* George Drenning
9. *Father's Occupation,* —
10. *Father's Birthplace,* Georgia

Name of Medical Attendant, or other person who makes this Return. Harriet Simmons

Address, Division St

Remarks, Woodberry Md.

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Child. 1916

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Oct 8th 1889
4. *Place of Birth, (Street and Number)* No 107 Washington ave
5. *Full Name of Mother,* Mrs K. Miller
6. *Mother's Maiden Name,* Miss K. Steiner
7. *Mother's Birthplace,* Bayern Germany
8. *Full Name of Father,* Mr B. Miller
9. *Father's Occupation,* Brickyard
10. *Father's Birthplace,* Bayern Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Miller

Address, 2127 West Pratt St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15617

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Oct 8 1889
4. Place of Birth, (Street and Number) No 1630 Hanover St
5. Full Name of Mother, Clara Boothotty
6. Mother's Maiden Name, Clara Carroll
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, William Boothotty
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Ed Hinton

Address, No 1608 N Charles St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15618

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octr. 8th 1889.
4. Place of Birth, (Street and Number) 614 Gold
5. Full Name of Mother, Eugenia Furlong
6. Mother's Maiden Name, Guiton
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jno. Miller Furlong
9. Father's Occupation, Carpenter
10. Father's Birthplace, Cumberland Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave

Remarks,

BRIDGE DEPARTMENT OCT 30 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 A 15619.

1. *Sex, (state whether male or female)* la male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 8
4. *Place of Birth, (Street and Number)* Sub dought St 807
5. *Full Name of Mother,* Sary pinfrey
6. *Mother's Maiden Name,* Sary nelson
7. *Mother's Birthplace,* Corlo
8. *Full Name of Father,* Joh H. pinfrey
9. *Father's Occupation,* Laber
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 12 H Smith Sub Cel Day no 1616

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 8. 1889.

4. Place of Birth, (Street and Number) 637 W. Hoffman Street

5. Full Name of Mother, Mary Jackson

6. Mother's Maiden Name, " Coleman

7. Mother's Birthplace, Dorchester Co Maryland

8. Full Name of Father, James Jackson.

9. Father's Occupation, Laborer

10. Father's Birthplace, Dorchester County Md.

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address, 509 Preston Street

Remarks,

A. 1. 620

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 8th 1889
4. *Place of Birth, (Street and Number)* No 1005 Hanover St
5. *Full Name of Mother,* Lizzie Reip
6. *Mother's Maiden Name,* Lizzie Voigt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Reip
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, No 1517 Byrd St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15622

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 8th 1889
4. *Place of Birth, (Street and Number)* 1022 N Broadway
5. *Full Name of Mother,* Mary A. Wilds
6. *Mother's Maiden Name,* Stribble
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Louis C. Wilds
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return. Sw Sloner Mw

Address, Cayer Caroline Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15-67-3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (State whether male or female)*	Boy
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	8th of October 1897
4. *Place of Birth, (Street and Number)*	627 Burk street
5. *Full Name of Mother,*	Maggie B. Beir.
6. *Mother's Maiden Name,*	Maggie B. Kolb
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Mick Kolb
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15624

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or ~~female~~)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 8 October 1889
4. *Place of Birth, (Street and Number)* 176 Cross St
5. *Full Name of Mother,* Charlotta Dietz
6. *Mother's Maiden Name,* Getz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C Dietz
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherina Munch

Address, 800 Leadenhall St

Remarks,

NOV 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for [illegible] offence, to be [illegible] as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15625

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th Oct 1889
4. Place of Birth, (Street and Number) 912 Light St
5. Full Name of Mother, Charlotte Jeffery
6. Mother's Maiden Name, Meseka
7. Mother's Birthplace, West Liberty Ohio
8. Full Name of Father, Albert Jeffrey
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

HEALTH DEPARTMENT, NOV 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15626

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8 – 89
4. *Place of Birth, (Street and Number)* 316 S. Ann
5. *Full Name of Mother,* Kunigundi Woelfel
6. *Mother's Maiden Name,* " Brütting
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo Woelfel
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Frank C Bressler

Address, 1713 Bank St.

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOV 4 1889

BALTIMORE

Murphy & Co. City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 22 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First, 13627

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, October 8th 1889.
4. Place of Birth, (Street and Number) 1222 Light St.
5. Full Name of Mother, Amelia Johnson,
6. Mother's Maiden Name, Amelia Wittemann,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Johnson,
9. Father's Occupation, Employee City Passenger Railway,
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return. John Morris, M.D.

Address, 118 E. Franklin St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) it is eight

1. Sex (state whether male or female), female nettie holland A 15628
2. Race or Color (if not of the white race), Holland
3. Date of Birth, born October 8 1889
4. Place of Birth (Street and Number), Baltimore Cider alley 620
5. Full Name of Mother, Leah jane hollis
6. Mother's Maiden Name, Leah jane green
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Samuel hollis
9. Father's Occupation, labor
10. Father's Birthplace, Kent island MD

Name of Medical Attendant, or other person who makes this Return. annie johnson

Address, 862 Cross Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15629 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 8/89
4. Place of Birth, (Street and Number) N° 325 S. Chappel St.
5. Full Name of Mother, Annie Weber
6. Mother's Maiden Name, Thaler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Weber
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred [illegible] care during the month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] shall have been conferred) its sex, color, the full name and occupation of its parents, the date and [illegible] and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

BALTIMORE MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 5 1889

A 15630

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* October 8. 1889.
4. *Place of Birth,* (*Street and Number*) 1502 Gough st.
5. *Full Name of Mother,* Annie Goodman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wilhelm Goodman
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 A 15631

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 8 Oct
4. Place of Birth, (Street and Number) 216 Harrison St
5. Full Name of Mother, Middleman Marks
6. Mother's Maiden Name, " Schob
7. Mother's Birthplace, Poland
8. Full Name of Father, Geo. Marks
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1802 Holland St

Remarks,

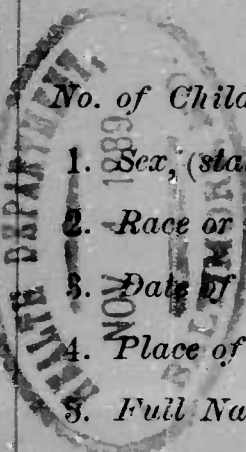
NOV 5 1899 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~White~~ Male 15632
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 October 1889.
4. Place of Birth, (Street and Number) 1010 Barre St.
5. Full Name of Mother, Annie Siegel.
6. Mother's Maiden Name, " Baltior
7. Mother's Birthplace, Germany.
8. Full Name of Father, Christ Siegel
9. Father's Occupation, Table maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address,

Remarks,

HEALTH DEPARTMENT, NOV 1 1889 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 2 1889 BALTIMORE CITY.

A 15633

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 8 - 1889

4. Place of Birth, (Street and Number) 217 S. Register St.

5. Full Name of Mother, Anna Maria

6. Mother's Maiden Name, Hoffmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hoffmann

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Fratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Meek

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 136314

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 Oct. - 1889
4. Place of Birth, (Street and Number) 1401 Eden Court
5. Full Name of Mother, Louise Meeks
6. Mother's Maiden Name, " Haring
7. Mother's Birthplace, Washington D
8. Full Name of Father, Wm Meeks
9. Father's Occupation, Can maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R. Gillig

Address, 1302 Holland St

Remarks,

NOV 5 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15635

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8th 1889
4. *Place of Birth, (Street and Number)* 1510 Lafayette Ave.
5. *Full Name of Mother,* Alice Pauline McClellan
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel C. McClellan
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 814 W Lombard St.

Remarks, Natural Labor

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] a certificate between the first and third day of each and every month to the [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORIGINAL DEPOSIT
NOV 1889
BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

15636

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 8th 89
4. *Place of Birth, (Street and Number)* No 6 Druid Hill Ave (Annexed)
5. *Full Name of Mother,* Mrs Lula M. Hollow
6. *Mother's Maiden Name,* Lula M. Dickson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Stiesler
9. *Father's Occupation,* Cab Driver
10. *Father's Birthplace,* Harrisburg Pa.

Name of Medical Attendant, or other person who makes this Return. Kevin F. Fuen M.D.

Address, 108 Druid Hill Ave (Annexed)

Remarks, L. Q. A. pos.

HEALTH DEPARTMENT NOV 1 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White A 15637
3. *Date of Birth,* October 9th 1889
4. *Place of Birth, (Street and Number)* 414 Harford Road
5. *Full Name of Mother,* Martha J. Congler
6. *Mother's Maiden Name,* " " Dietrick
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John T. Congler
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return James E. Whiteford Med

Address, 819 Arsquith Street

Remarks, Balto Md

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female — D 1563-8
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 9" 89
4. *Place of Birth, (Street and Number)* 1209 Jenkins Alley
5. *Full Name of Mother,* Susie Tates
6. *Mother's Maiden Name,* Susie Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mongo Tates
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Albert E Hadel MD

Address, 216 N Dolphin St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 15639

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 9th 1889
4. *Place of Birth, (Street and Number)* 1148 Carroll, So
5. *Full Name of Mother,* Sarah E Zimmer
6. *Mother's Maiden Name,* " " Vahle
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas D. Zimmer
9. *Father's Occupation,* Stove Moulder
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Jno D Blake Md

Address,

Remarks, This child was prematurely born

Oct 6 & 7 Mo

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th A 13640

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* Oct 9/89
4. *Place of Birth (Street and Number),* Bruce Bet Baker & Preasman
5. *Full Name of Mother,* Marry E Jones
6. *Mother's Maiden Name,* " " " Dorsey
7. *Mother's Birthplace,* Anwaodle Co Md
8. *Full Name of Father,* D. Jones
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Jane Warren

Address, 1319 Monroe St Balto City

Remarks,

Registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B

15641

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 9th 1889
4. Place of Birth, (Street and Number) Westphal Place No, 1809
5. Full Name of Mother, Thresia Shertler
6. Mother's Maiden Name, Thersia Shertler
7. Mother's Birthplace, Germaney
8. Full Name of Father, Louis Shertler
9. Father's Occupation, Labourer
10. Father's Birthplace, Germaney

Name of Medical Attendant, or other person who makes this Return. E. A Tully

Address, No, 1828 Light st

Remarks, doing well

NOV 12 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9 Oct
4. *Place of Birth, (Street and Number)*	1026 N Central ave
5. *Full Name of Mother,*	Hellena Aberasch
6. *Mother's Maiden Name,*	" Ackert
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Aberasch
9. *Father's Occupation,*	Brush maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A

RETURN OF A BIRTH

15643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1 Oct
4. *Place of Birth, (Street and Number)*	2504 N. Central ave
5. *Full Name of Mother,*	Scharlotta Wall
6. *Mother's Maiden Name,*	" Pitts
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Job Wall
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Minnesota
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. D. A. 16644
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	October 9.
4. *Place of Birth, (Street and Number)*	919 Litten Gate Str.
5. *Full Name of Mother,*	Henriette Fellertun
6. *Mother's Maiden Name,*	Henriette Dietrich
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Carl Fellertun.
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	August Berien
Address,	3 Henriette Str.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 2d child

1. Sex, (State whether male or female) Female A. 15645
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 9th 89
4. Place of Birth, (Street and Number) 1718 St Paul St
5. Full Name of Mother, Fannie Bernard
6. Mother's Maiden Name, Fannie Duncan
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Richard Bernard
9. Father's Occupation, Attorney at Law
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Robt T Wilson

Address, 814 & 820 Park Ave

Remarks, 1st child is alive & is 22 years old.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the fines and forfeitures are recoverable.

Oct 21 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15-646

REGISTRAR'S OFFICE NOV 2 1889 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 9 — 1889
4. Place of Birth, (Street and Number) 1022 Watson St.
5. Full Name of Mother, Francis Konig
6. Mother's Maiden Name, Hasner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Konig
9. Father's Occupation, Drayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Oath H

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15647

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 9 1889
4. *Place of Birth, (Street and Number)* Bank st No 1424
5. *Full Name of Mother,* Mary Heil
6. *Mother's Maiden Name,* Trewalla
7. *Mother's Birthplace,* Gearmen
8. *Full Name of Father,* George Trewalla
9. *Father's Occupation,* talor
10. *Father's Birthplace,* Gearmen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address, Washington 205

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15648

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9th 1889
4. *Place of Birth, (Street and Number)* Charles st Extended
5. *Full Name of Mother,* Fannie Forbert
6. *Mother's Maiden Name,* " Deets
7. *Mother's Birthplace,* York Co Pa
8. *Full Name of Father,* Joseph G Forbert
9. *Father's Occupation,* Farm hand
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other Person who makes this Return. R G Rankin M D

Address, Waverly Station Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1A 156-19

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 9th 1889
4. *Place of Birth, (Street and Number)*	819 Wallace st.
5. *Full Name of Mother,*	Cattie A Taylor.
6. *Mother's Maiden Name,*	Cattie A Taylor.
7. *Mother's Birthplace,*	Essex Co Va.
8. *Full Name of Father,*	George W Taylor.
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Essex Co Va
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	1406 Hanover st
Remarks,	

OCT 28 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15650

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 Oct
4. *Place of Birth, (Street and Number)* 1105 N. Ann St
5. *Full Name of Mother,* Ella Burckhard
6. *Mother's Maiden Name,* " Hibbner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Burckhard
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1302 Holland St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar Evan Ogle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 9th 1859

4. Place of Birth, (Street and Number) 1427 Inc Henry St

5. Full Name of Mother, Frances Madora Ogle

6. Mother's Maiden Name, Wells

7. Mother's Birthplace, Anne Arundel Co

8. Full Name of Father, James E A Ogle

9. Father's Occupation, Sheet Iron Worker

10. Father's Birthplace, Fredric Co

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payson St

Remarks,

15-651

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

A 15652

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 10th 1889

4. *Place of Birth, (Street and Number)* 929 Cath^de Street

5. *Full Name of Mother,* Anne Hillman Daily

6. *Mother's Maiden Name,* Anne Hillman

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Owen Daily

9. *Father's Occupation,* Broker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. C B Gamble Md

Address, 923 Cath^d

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15653

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or color, (if ~~not of the~~ white ~~race~~)*
3. *Date of Birth,* October 10th/889, 23d P.M.
4. *Place of Birth, (Street and Number)* Sh, Cor Potapsco & Barney Sts
5. *Full Name of Mother,* Barbra Berger
6. *Mother's Maiden Name,* " Ermer
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* John C. Berger
9. *Father's Occupation,* Sodae Waters Manufacturer
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return. A Sregd Therhed Mw

Address, 1102 E Balti St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 136534

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 10
4. *Place of Birth, (Street and Number)* 132 York St
5. *Full Name of Mother,* Lear Banks
6. *Mother's Maiden Name,* Lear Weeks
7. *Mother's Birthplace,* Middle Quinta Va
8. *Full Name of Father,* Walt Banks
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Kings County Va

Name of Medical Attendant, or other person who makes this Return. Mary Walker

Address, 128 York St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 136,55

Name, James Francis Fitzsimmons

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	(Female) male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 10th 1889
4. Place of Birth (Street and Number)	320 Paca St.
5. Full Name of Mother	Bridget (Mary) Fitzsimmons
6. Mother's Maiden Name	(11) Bridget Faherty
7. Mother's Birthplace	
8. Full Name of Father	James Fitzsimmons
9. Father's Occupation	Baker
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Thos. P. McCormick M.D.
Address	1421 Eutaw Place
Remarks	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First ch A 15656

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* " "
3. *Date of Birth,* 10th of October
4. *Place of Birth, (Street and Number)* 904 North Washington st
5. *Full Name of Mother,* Annie Heffner
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Heffner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Miss E. H. Schultz

Address, 528 North Washington st

Remarks, "

WM. J. C. DULAN Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A 13657
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 10 - 1889
4. *Place of Birth, (Street and Number)*	1001 N. Ann. St
5. *Full Name of Mother,*	Catherine E. Woodward
6. *Mother's Maiden Name,*	" " Campbell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George C. Woodward
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary D. Allwell
Address,	912 W Lombard St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15658

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 10th 1889.
4. *Place of Birth, (Street and Number)* 415 N. Carrollton Ave.
5. *Full Name of Mother,* Rose E. Arat.
6. *Mother's Maiden Name,* Rose E. Allen.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* James O. Arat.
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Charles F. Brau

Address, 807 Cathedral St

Remarks, City.

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15659

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct 10th
4. *Place of Birth, (Street and Number)* 420. Sth Stricker St.
5. *Full Name of Mother,* Frances F. Sollers.
6. *Mother's Maiden Name,* Frances F. Frazier
7. *Mother's Birthplace,* Shamitaken. N.J.
8. *Full Name of Father,* Andrew J. Sollers.
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Kraning

Address, 414 S Stricker St. Baltimore Md.

Remarks, Doing well.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13660

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1889
4. Place of Birth, (Street and Number) # 140 Dolphin Street
5. Full Name of Mother, Maggie Freeze
6. Mother's Maiden Name, Maggie Swan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Freeze
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Drs Anna Hesenzehl

Address, 1507 Penna Avenue

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

A. 15661

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White
3. Date of Birth, October 10th 1889
4. Place of Birth, (Street and Number) 120. W. Cross St
5. Full Name of Mother, Christina Shaw
6. Mother's Maiden Name, Christina Bernhard.
7. Mother's Birthplace, Germany.
8. Full Name of Father, William Shaw
9. Father's Occupation, Plumber & Gas Fitter
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return. Catherine Wunch

Address, 800 Seaden hall St.

Remarks,

NOV 1 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15662

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (State whether male or female)* Mail
2. *Race or color, (if not of the white race)* Whit
3. *Date of Birth,* Thursday 10 Ocktober
4. *Place of Birth, (Street and Number)* 126 Weber St
5. *Full Name of Mother,* Kate ~~Hoo~~ Kern
6. *Mother's Maiden Name,* Kate Haas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kern
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St.

Remarks,

NOV 1 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten dollars for each [illegible] to be recovered as other fines and forfeitures are recoverable.

WM. J. O'DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15663

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 10th Oct
4. Place of Birth (Street and Number), 812 Addison St
5. Full Name of Mother, Kathern Cortney
6. Mother's Maiden Name, Kathern Tobner
7. Mother's Birthplace, England
8. Full Name of Father, John Cortney
9. Father's Occupation, Huckster
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink Midwife

Address, N 907 Hillen St.

Remarks,

NOV 2 1889

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 7 1889

A 15664

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10, 1889.
4. Place of Birth, (Street and Number) 1245 Eager St
5. Full Name of Mother, M. Broader
6. Mother's Maiden Name, M. Marcel
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Broader
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. M. A. Bull.

Address, 1245 E. Monument St cor Central ave

Remarks, All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15665

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 Oct
4. Place of Birth, (Street and Number) 1106 Orleans St
5. Full Name of Mother, Dena Kaffel
6. Mother's Maiden Name, " Kissner.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Kaffel
9. Father's Occupation, Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrich

Address, 1302 Hollan

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15666

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 10. 1899.
4. *Place of Birth, (Street and Number)* 810 Eastern Ave.
5. *Full Name of Mother,* Kate Toscano
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Louis Toscano.
9. *Father's Occupation,*
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15667

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 10. 1889.
4. Place of Birth, (Street and Number) 1242 Orleans St
5. Full Name of Mother, Mary Klavansky
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, Europe
8. Full Name of Father, Benhard Klavansky
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 5 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15668

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 10th 1889
4. Place of Birth, (Street and Number) 631 N. Calvert St
5. Full Name of Mother, Margaret V. Rooney
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas L. Rooney
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. L. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep in the aforesaid register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered another such forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d A. 1569

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 10. 1899.
4. Place of Birth, (Street and Number) cor. Dallas and Lombard sts
5. Full Name of Mother, Sigmia Behrman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Behrman
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Cecilie Bernden

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 **A** 15670

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10th 1889
4. *Place of Birth, (Street and Number)* Dellwood ave
5. *Full Name of Mother,* Rebecca Bowersox
6. *Mother's Maiden Name,* " Stephens
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frank Bowersox
9. *Father's Occupation,* Sto Labor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Olivia Ruby

Address, Falls Road & Union Ave

Remarks,

HEALTH DEPARTMENT DEC 20 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

A. 15671

2. Race or color, (if not of the white race) White

3. Date of Birth, October 10th

4. Place of Birth, (Street and Number) 1522 S. Charles St

5. Full Name of Mother, Kate Rudolph

6. Mother's Maiden Name, " McAlister

7. Mother's Birthplace, City

8. Full Name of Father, Herman Rudolph

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. I C Burch MD

Address, 511 Hanover St

Remarks,

HEALTH DEPARTMENT NOV 4 1899 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JOHN J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15617

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2	
1. *Sex, (state whether male or female)*	Girl	
2. *Race or Color, (if not of the white race)*		
3. *Date of Birth,*	10	6 Mobe
4. *Place of Birth, (Street and Number)*	1616	Joseph str.
5. *Full Name of Mother,*	Anna	Adelheit
6. *Mother's Maiden Name,*		Fiedler
7. *Mother's Birthplace,*	Hamburg	Baiern
8. *Full Name of Father,*	John	Adelheit
9. *Father's Occupation,*	=	
10. *Father's Birthplace,*	Thudhelau	Baiern
Name of Medical Attendant, or other person who makes this Return,	Anna	Walter
Address,	928	Cath. Ave.
Remarks,		

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15673

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 10 1889
4. *Place of Birth, (Street and Number)* 1701 Pickel Stre
5. *Full Name of Mother,* Dollie Baguelle
6. *Mother's Maiden Name,* Dollie Hill
7. *Mother's Birthplace,* Elk Contry Md
8. *Full Name of Father,* Jner Baguelle
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Eston Shore

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Jones

Remarks, 1121 Saratoga St

HEALTH OCT 27 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1567

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 10 1899
4. *Place of Birth, (Street and Number)* Orleans st 2018
5. *Full Name of Mother,* Barbara Shahn
6. *Mother's Maiden Name,* Kaw
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas Kaw
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Shapiro

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15675

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1889
4. Place of Birth, (Street and Number) # 21, N. Mount st
5. Full Name of Mother, Lizzie A. Griffin
6. Mother's Maiden Name, Lizzie A. Knoop
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Milton L. Griffin
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1567

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 10 1889
4. Place of Birth, (Street and Number) Burk st 246
5. Full Name of Mother, Catte Baker
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, George Baker
9. Father's Occupation, Tailor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Mary Stapleton

Address,

Remarks, Washington 205

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 10th 1889
4. *Place of Birth, (Street and Number)* 241 Jarkin street
5. *Full Name of Mother,* Maria O'Hara
6. *Mother's Maiden Name,* Maria Hayes
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James O'Hara
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton

Remarks,

15677

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

more under whose charge of superintendence a birth shall hereafter take place, shall keep a true and [illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored. A. 15678
3. Date of Birth, October 11th.
4. Place of Birth (Street and Number), 907 Stone Alley
5. Full Name of Mother, Alverta Mason Young.
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas E. Young
9. Father's Occupation, Laborer.
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this Return. Mary Mason

Address, 537 Walnut Alley

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15679

HEALTH DEPARTMENT
NOV 12 1889
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Oct. 11. 1889
4. *Place of Birth, (Street and Number)* ~~2001~~ 2001 Bank St.
5. *Full Name of Mother,* Mrs. Mary Catharine Eisenberg Kalofus
6. *Mother's Maiden Name,* Wife Mary " Eisenberg
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John Oliver Kalofus
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M.D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Oct 1889
4. *Place of Birth, (Street and Number)* 208 Randall St
5. *Full Name of Mother,* Sarah Lowman
6. *Mother's Maiden Name,* Reeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Lowman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* A. A. Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gessell

Address, 516 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15681

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 11th oct
4. *Place of Birth, (Street and Number)* 1281 Battery av Baltimore City
5. *Full Name of Mother,* Mrs Mary an Pringer
6. *Mother's Maiden Name,* Mary an Murphy
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Bernard Henery Pringer
9. *Father's Occupation,* labrer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Midwife Mrs Conway

Address,

Remarks,

SECTION 7.—And be it further enacted, that the Commissioner of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st — A. 15682

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth Oct — 11th 89
4. Place of Birth, (Street and Number) Colonnade — one door from 4th St.
5. Full Name of Mother, Susan F. Morgan
6. Mother's Maiden Name, Vikes
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, G Emory Morgan
9. Father's Occupation, Teacher
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. R. Morgan

Address, 975 W. Monument

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Mildred Lucke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex. (State whether male or female) Girl

2. Race or color, (if not of the white race) White

3. Date of Birth, 11th of October 1889

4. Place of Birth, (Street and Number) 513 North Wolf street

5. Full Name of Mother, Fredericka ~~Rigus~~ Appel Appel

6. Mother's Maiden Name, Fredericka ~~Rigus~~ (Lucas) Lucke

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman (Lucas) Lucke

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St per Crestina Kunkel

Remarks, Healthy CERTIFICATE CORRECTED. 12-10-53

1583

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. 15784

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (~~state whether male~~ or female)*

2. *Race or Color, (~~if not of the white~~ race)*

3. *Date of Birth,* Oct 11 1859

4. *Place of Birth, (Street and Number)* 18 St. Clement Place

5. *Full Name of Mother* Mrs Anna E. Elwood

6. *Mother's Maiden Name,* Anna Ford

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Frank Elwood

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return Dr. L. P. Kuhn

Address, 1435 Light St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15685

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 11 1889.
4. *Place of Birth, (Street and Number)*	180 Weber st.
5. *Full Name of Mother,*	Anna Fritz.
6. *Mother's Maiden Name,*	Wagner.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Andrew Fritz.
9. *Father's Occupation,*	Police officier.
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 15686

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Oct. 11th
4. *Place of Birth, (Street and Number)*	Cor. Bethel & Mulberry 1626
5. *Full Name of Mother*	Mary E Higgins
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	St. Mary's Co. Maryland
8. *Full Name of Father*	William Alexandria
9. *Father's Occupation*	Common Laborer
10. *Father's Birthplace*	Fredericksburg Va
Name of Medical Attendant, or other Person who makes this Return.	Ann Campbell
Address	1401 Aisquith St.
Remarks	doing well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15687

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 Oct
4. Place of Birth, (Street and Number) 1159 N Eldery St
5. Full Name of Mother, Florence Ibeck
6. Mother's Maiden Name, " Keyler
7. Mother's Birthplace, Balto. Co
8. Full Name of Father, Wm Ibeck
9. Father's Occupation, Laboror
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Albert

Address, 1802 Hollins

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15688

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race)
3. Date of Birth, October 11th 1894
4. Place of Birth, (Street and Number) Baltimore City 746 Burgundy Court
5. Full Name of Mother, Teresa Mary Rogel
6. Mother's Maiden Name, Teresa McMcSheen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John B. Rogel
9. Father's Occupation, Oyster Sucker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss McShaffer

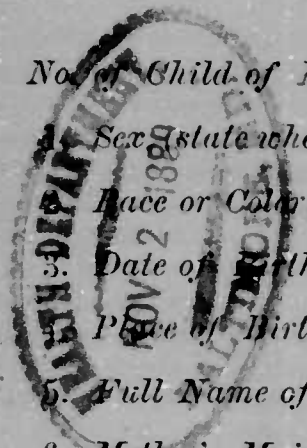
Address, No 116 West St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	Oct 11 89
Place of Birth, (Street and Number)	701 Greenmount Ave
5. Full Name of Mother,	S. Brown
6. Mother's Maiden Name,	" Campbell
7. Mother's Birthplace,	Md.
8. Full Name of Father,	W. H. Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson
Address,	176 E. Preston St.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ada Irene Wingfield 4th A 15690

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. October 11th 1889

4. Place of Birth, (Street and Number) 336 E. Lanvale St.

5. Full Name of Mother, Mary E [redacted]

6. Mother's Maiden Name. Mary E Price

7. Mother's Birthplace. Baltimore Md.

8. Full Name of Father, Augustus Wingfield

9. Father's Occupation, Carpenter

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return A. G. Watson

Address, 1307 N. Central Ave

Remarks, GIVEN NAME ADDED 8-15-52

NOV 7 1889

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The 7th. living son.

NOV 7 1889

A. 15691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eighth 7th son

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Octo. 11, 1889
4. Place of Birth, (Street and Number) 1928 McElderry St.
5. Full Name of Mother, Ottilie Walter
6. Mother's Maiden Name, Hammel
7. Mother's Birthplace, Philadelphia ~~Baltimore~~
8. Full Name of Father, John P. Walter
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. A. Butt

Address, Central Ave & Monument St.

Remarks, All Well.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a declaration, to the Registrar between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it SHALL become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child A 1569

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 11th 1899
4. Place of Birth, (Street and Number) no 11 west st
5. Full Name of Mother, Kate Walsh
6. Mother's Maiden Name, Kate Logan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Walsh
9. Father's Occupation, Shoemaker
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, no 1828 Light st

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15693

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 October
4. Place of Birth, (Street and Number) 1006 Biddle St.
5. Full Name of Mother, Mary ~~Hoichel~~ Thuber
6. Mother's Maiden Name, Mary Catherine Becher
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Michel Thuber
9. Father's Occupation, varnischer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Cathe. Ave.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person officiating, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15694

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th
4. *Place of Birth, (Street and Number)*	917 William St
5. *Full Name of Mother,*	Annie Suydam
6. *Mother's Maiden Name,*	" Kattenbach
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Edward Suydam
9. *Father's Occupation,*	Patent Maker
10. *Father's Birthplace,*	New Jersey
Name of Medical Attendant, or other person who makes this Return.	J C Bruce M D
Address,	511 Hanover
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

A 15695

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 Octobre
4. *Place of Birth, (Street and Number)* 933 Sterling st.
5. *Full Name of Mother,* Barbara Schober
6. *Mother's Maiden Name,* ~~Trau~~ Nichols
7. *Mother's Birthplace,* Traunitz Baiern
8. *Full Name of Father,* Peter Schober
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Unleiterbach Hessen

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cntr. Av.

Remarks,

NOV 4 1889

BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITY NAME ADDED 2-2-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Selma Lehman

A 15696

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Octo the 11 1889
4. Place of Birth, (Street and Number) 930. North Woffe st
5. Full Name of Mother, Esther. Lehman
6. Mother's Maiden Name, Hirsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ancel. Lehman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Allwell

Address, 912. McDonough st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11th of October
4. Place of Birth, (Street and Number)	1121 Lombart St
5. Full Name of Mother,	Friedericke Basele
6. Mother's Maiden Name,	Friedericke Hermann
7. Mother's Birthplace,	Wirttemberg
8. Full Name of Father,	Rudolph Basele
9. Father's Occupation,	Stonemaison
10. Father's Birthplace,	Wirttemberg
Name of Medical Attendant, or other person who makes this Return.	Friedericke Hensler Midwife
Address,	2116 West Pratt St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered NOV 1 1889 other fines and forfeitures recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15698

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 11 05
4. *Place of Birth, (Street and Number)* 931 South Charles St
5. *Full Name of Mother,* Amelia Kirwan
6. *Mother's Maiden Name,* " " Main
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ernest Kirwan
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Catherine Whyte

Address, 800 Leadenhall St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15699

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 11th Oct
4. Place of Birth, (Street and Number) Baltimore E. Fayette St No. 2313
5. Full Name of Mother, Katie Kruggenwinkel
6. Mother's Maiden Name, Katie Weingold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Kruggenwinkel
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Josephine Krueger

Address, No 2321 E. Fayette St Baltimore Md.

Remarks,

NOV 2 1899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15700

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 11th 1894
4. *Place of Birth, (Street and Number)*	2220 Division St
5. *Full Name of Mother,*	Martha Ashmore
6. *Mother's Maiden Name,*	Snyder
7. *Mother's Birthplace,*	Carrol Co Md
8. *Full Name of Father,*	Wm Ashmore
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Phila Pa
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadtler MD
Address,	2100 Druid Hill Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Revey A 1570

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th October 1889
4. Place of Birth, (Street and Number) 312 Eden street
5. Full Name of Mother, Mary Coplan
6. Mother's Maiden Name, Mary Graber
7. Mother's Birthplace, Russia
8. Full Name of Father, Yane Coplan
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

A 15107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), colored
3. Date of Birth, October 12. 1869
4. Place of Birth (Street and Number), 541 Walnut alley
5. Full Name of Mother,
6. Mother's Maiden Name, Janey Gibson
7. Mother's Birthplace, Washington D C
8. Full Name of Father, Henry Taylor
9. Father's Occupation, barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary ann Hatson

Address, 537 Walnut alley

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 2 — 15703

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 Oct. 12, 89 | 400 S. Eden St
4. Place of Birth, (Street and Number) Balto. Md.
5. Full Name of Mother, Martha Brandt
6. Mother's Maiden Name, " Gerhold
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Brandt
9. Father's Occupation, Lorman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 400 Walker St. Balto Md

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the [illegible] place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Octo. 12th 1889
4. Place of Birth, (Street and Number)	821 Warner st
5. Full Name of Mother,	Jane M. Caldwell
6. Mother's Maiden Name,	Adams
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Wm E. Caldwell
9. Father's Occupation,	Caller, R. House, B. & O. R.R.
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R. E. Lee
Address,	Hanover st.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female — A 15705

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 12th

4. Place of Birth, (Street and Number) 1528 E Fayette

5. Full Name of Mother, Mary L Kennard

6. Mother's Maiden Name, Mary L Barton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George H Kennard

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Truman T Caldwell M D

Address, 1308 N Charles St

Remarks, This child's period of utero-gestation is only six months.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, colour, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

Baltimore: under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15706

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. *Sex, (state whether male or female)* 3rd
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 12 of October
4. *Place of Birth, (Street and Number)* 540 St Mary's Street
5. *Full Name of Mother,* Emma Mason.
6. *Mother's Maiden Name,* Massey.
7. *Mother's Birthplace,* St Mary's County
8. *Full Name of Father,* Leonard Mason
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Caroline Co.

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 589 Preston Street

Remarks,

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male. A. 15707
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 12th 1889.
4. *Place of Birth, (Street and Number)* Baltimore 1136 Columbia Ave
5. *Full Name of Mother,* Stanislaus Geborere Wiefrecht
6. *Mother's Maiden Name,* Stanislaus Geborere Meyewski
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Frank Wiefrecht.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mary Kramm

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and child are doing well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

P

15701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12th of Oct.

4. Place of Birth, (Street and Number) Jane Edwards 707 E. Lombard

5. Full Name of Mother,

6. Mother's Maiden Name, Conkennen

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jos. Michael Edwards

9. Father's Occupation, Saloon-Keeper

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Mrs. Jennie Turnit

Address, 19 N. Eden St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health. [illegible] shall occur without the attendance of a physician or practitioner of midwifery, [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15709

HEALTH DEPARTMENT, OCT 12 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 12th of Oct,

Place of Birth, (Street and Number) 501 Oxford Str.

5. Full Name of Mother, Mary Knell

6. Mother's Maiden Name, Mary Bucher,

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Knell

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 923 Penna Ave

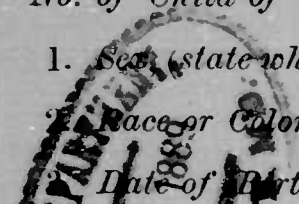
Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	A. 15710
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	/
3. *Date of Birth,*	12th of October
4. *Place of Birth, (Street and Number)*	712 E. Baltimore St.
5. *Full Name of Mother,*	Nellie Schaeffer
6. *Mother's Maiden Name,*	Ziegler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Schaeffer
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turner
Address,	19 N. Eden St
Remarks,	

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 12, 1889

4. Place of Birth, (Street and Number) 2006 Federal st. near Washington

5. Full Name of Mother, Mary Rockstrom

6. Mother's Maiden Name, Mary Sinkendt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe Rockstrom

9. Father's Occupation, Beer Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Magdalene Brown

Address, 1600 N. Chester

Remarks,

OCT 22 1889 BALTIMORE, MD.

15/11

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Oct. 12th 89

4. Place of Birth (Street and Number), 1808 Druid Hill Ave.

5. Full Name of Mother, Celia Madon

6. Mother's Maiden Name, " McCarthy

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Richard Madon

9. Father's Occupation, Milkman

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

A 15712

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the midwife, or other person having attendance upon the mother, immediately thereafter it shall become the duty of the person or parents with such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 12-4-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Levy

LA 157/13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 12 Oct.
4. Place of Birth, (Street and Number) 1015 Low St
5. Full Name of Mother, Anna Levy
6. Mother's Maiden Name, Friedman
7. Mother's Birthplace, Poland
8. Full Name of Father, Hyman Levy
9. Father's Occupation, Grocery store
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulb'g

Address, 1802 Holland St

Remarks,

NOV 6 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this previous section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 17th 1908

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Mary Stanley

6. Mother's Maiden Name,

7. Mother's Birthplace, N.C

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res. The Maternite

Remarks,

SECTION 4.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the Physician, any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 3L 1574/15

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 Oct
4. Place of Birth, (Street and Number) 1520 Fairmount ave
5. Full Name of Mother, Mary Zapf
6. Mother's Maiden Name, " Wise
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Zapf
9. Father's Occupation, Black Smith
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Lore Ellis

Address, 1302 Hollins

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15716

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) white Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 Oct.
4. Place of Birth, (Street and Number) 912 E. Balto. St
5. Full Name of Mother, Emma Harris
6. Mother's Maiden Name; " Murray
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas B. Harris
9. Father's Occupation, Silk Spinner
10. Father's Birthplace, Phila. Pa

Name of Medical Attendant, or other person who makes this Return. Mrs A. Illig

Address, 1302 Holland St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain: a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

MAY 3 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to compiy with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are [illegible]

NOV 2 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 19th 1889. 635 PM.

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Nora Dailey

6. Mother's Maiden Name, Nora Barry

7. Mother's Birthplace, Ireland

8. Full Name of Father, Eugene Dailey

9. Father's Occupation, Clerk

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. William J Ford M.D

Address, Resby Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th A 15718
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 17 89
4. Place of Birth, (Street and Number)	588 No. Gay St.
5. Full Name of Mother,	C. Cole
6. Mother's Maiden Name,	" Rupert
7. Mother's Birthplace,	Va.
8. Full Name of Father,	C. M. Cole
9. Father's Occupation,	Barber
10. Father's Birthplace,	Va.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robbins MD
Address,	716 E Pratt St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15719

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (1)
2. *Sex, (state whether male or female)* Male.
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* Oct. (12)
5. *Place of Birth, (Street and Number)* 216. Clay St. Balto Md.
6. *Full Name of Mother,* Elizabeth Theresa ~~Schneider~~ Graefe.
7. *Mother's Maiden Name,* E. T. Schneider / Graefe.
8. *Mother's Birthplace,* Gulany's valley. Balto Co. Md.
9. *Father's Occupation,* Expressman.
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Maennel Midwife

Address, 923 Penna Ave

Remarks,

HEALTH DEPARTMENT DEC 22 1899 BALTIMORE MD

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 22 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15720

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 12 89
4. *Place of Birth, (Street and Number)*	No 504 S. Washington St.
5. *Full Name of Mother,*	Maggie Muller
6. *Mother's Maiden Name,*	Sulivan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Matheis Muller
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Louise Kraft
Address,	No 405 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall happen in the City of [illegible] office, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births that have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15721

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1889
4. *Place of Birth, (Street and Number)* Bank St No 1426
5. *Full Name of Mother,* Amelia Karber
6. *Mother's Maiden Name,* Amelia Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Philipp Karber
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15722

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, October 12 1889
4. Place of Birth, (Street and Number) 638 Burke St.
5. Full Name of Mother, Margaret Eye
6. Mother's Maiden Name, Margaret Mickeman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Eye
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Lyerne St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fine and forfeiture are recoverable.

BALTIMORE, OCT 25 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III A. 15723

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oktober 12th 1889.
4. *Place of Birth, (Street and Number)* N. Washington Str. #136
5. *Full Name of Mother,* Walburga Durchholzky
6. *Mother's Maiden Name,* " Winkler
7. *Mother's Birthplace,* Neuenburg. (West Preusen)
8. *Full Name of Father,* Alwin Winkler
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Oldenburg. Preusen

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Buehler

Remarks, Mitwife

1817. E. Lombardstr.

NOV 4 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15724

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12th 1889
4. *Place of Birth, (Street and Number)* 739 Hamburg St.
5. *Full Name of Mother,* Laura L. Calligan
6. *Mother's Maiden Name,* Dinsmore
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Thomas F. Calligan
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor,

BALTIMORE CITY
NOV 1 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saterday October 12th 1889.
4. Place of Birth, (Street and Number) Balto M.D. 211 N. Amity St.
5. Full Name of Mother, Bridget Graney
6. Mother's Maiden Name, Bridget O Shea
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Patrick Graney.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 23 N Poppelton [illegible]

Remarks,

15725

HEALTH DEPARTMENT

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female Eva A 1517
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 October 1889
4. Place of Birth, (Street and Number) 1108 Thamson street
5. Full Name of Mother, Minnie Fienberg
6. Mother's Maiden Name, Minnie Delpert
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Fienberg
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schesnau

Address, Albemarle st n 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colord
3. Date of Birth, October 13 1886
4. Place of Birth (Street and Number), 237 walnut alley
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Foster
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Hermann Hasen

Address, 237 walnut alley

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d A 1578

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 13 "
4. Place of Birth, (Street and Number) 920 Ridgely st.
5. Full Name of Mother, Sophia Strobel
6. Mother's Maiden Name, " Moray
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Strobel
9. Father's Occupation, Candy-Maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. L. L. Bundenbah

Address, 418 S. Paca st.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15729

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th;
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct: 13th 89
4. *Place of Birth, (Street and Number)*	1803 Linden Ave,
5. *Full Name of Mother,*	Elizabeth H. Tirich
6. *Mother's Maiden Name,*	Elizabeth Weimar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. H. Tirich
9. *Father's Occupation,*	Manager Marine Insurance
10. *Father's Birthplace,*	Pa,
Name of Medical Attendant, or other person who makes this Return.	H. Tiemann M.D.
Address,	400 Cathedral St
Remarks,	

HEALTH DEPT. MAY 1889 REC'D

SECTION 7.—And be it further enacted, that every person practicing midwifery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. MULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15730

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th Oct 1889
4. *Place of Birth, (Street and Number)* 1456 Patapsco St
5. *Full Name of Mother,* Annand Ran
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Montgomery Co Md
8. *Full Name of Father,* Conrad Ran
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT OCT 14 1931 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 15731

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 13, 1931.
4. Place of Birth, (Street and Number) No. 1519 Hanford ave
5. Full Name of Mother, Alice Matthews.
6. Mother's Maiden Name, Alice McComas.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Hinkle Matthews.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Chas A. Elwell, M.D.

Address, 1214 Hanford ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd **A** 15732

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13th 1889
4. *Place of Birth, (Street and Number)* 310 Richmond 80
5. *Full Name of Mother,* Rosa Althoff
6. *Mother's Maiden Name,* Goodrough
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Althoff
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 N Camellton Ave

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female A. 15733

2. Race or Color, (if not of the white race) White

3. Date of Birth. Oct 13 1889

4. Place of Birth, (Street and Number) 1443 N. Carey St.

5. Full Name of Mother, Catherine Gray

6. Mother's Maiden Name, " Wagner

7. Mother's Birthplace, City

8. Full Name of Father, E. F. Gray

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Wm. H. B. Sellman M.D.

Address, 5. East Biddle Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child A 15734
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 13 1889.
4. *Place of Birth, (Street and Number)*	1636 Clarkson st.
5. *Full Name of Mother,*	Minnie Ludwitzke.
6. *Mother's Maiden Name,*	Meier.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Frank Ludwitzke.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwesser, Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15431

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 15th 1889
4. *Place of Birth, (Street and Number)* 1236 W Gay Street
5. *Full Name of Mother,* Johanna Fuld
6. *Mother's Maiden Name,* Stern
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Isidor Fuld
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balti City

Name of Medical Attendant, or other person who makes this Return. S W Sloner Mo

Address, Eagert Caroline Street

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15436

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male.
2. *Race or color, (if not of the white race)* White race.
3. *Date of Birth,* Oct. 13/89
4. *Place of Birth, (Street and Number)* No. 17.16 Light St.
5. *Full Name of Mother,* Kate Wicklein
6. *Mother's Maiden Name,* " Marschell.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Lemuel Wicklein
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Annie Jeems.

Address, Yours Respectfully,

Remarks, No. 17. 14 Light St.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 15735

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 13/89
4. *Place of Birth, (Street and Number)* No 2213 Esex St.
5. *Full Name of Mother,* Lisbeth Ott
6. *Mother's Maiden Name,* Sommer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Ott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

HEALTH DEPARTMENT OCT 22 1889

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15738

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Oct 13th 1889
4. *Place of Birth, (Street and Number)*	1710 E Fayett st
5. *Full Name of Mother,*	Ella Lockins
6. *Mother's Maiden Name,*	Ella Mitchel
7. *Mother's Birthplace,*	Eastern shore Md.
8. *Full Name of Father,*	James Lockins
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Eastern shore Rochester
Name of Medical Attendant, or other person who makes this Return.	Lucinda Woolford
Address,	432 N Register st
Remarks,	

Register of such births and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15739

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th
1. Sex, (*State whether male or female*)	Female
2. Race or color, (*if not of the white race*)	white
3. Date of Birth,	October 13, 1889
4. Place of Birth, (*Street and Number*)	2730 Dillon St.
5. Full Name of Mother,	Annie King
6. Mother's Maiden Name,	Annie Kiesner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph King
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Lavayne
Address,	726 Luzerne St.
Remarks,	

OCT 25 1889

BALTIMORE MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15740

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* October 13th 1889.
4. *Place of Birth, (Street and Number)* 1610 S. Charles St.
5. *Full Name of Mother,* Mary Ann Moore.
6. *Mother's Maiden Name,* " " Manly.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Julian C. Moore.
9. *Father's Occupation,* Conductor.
10. *Father's Birthplace,* Queen Anna Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15741

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oct. 13th 1889
4. *Place of Birth, (Street and Number)* # 1516 Bank sts.
5. *Full Name of Mother,* Mary Dietz
6. *Mother's Maiden Name,* " Oberender
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Oberender
9. *Father's Occupation,* Cigarmanufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, midwife

Remarks, 117 S. Lombard st.

NOV 4 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15742

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~White~~ female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th October
4. Place of Birth, (Street and Number) 929 S. Streeper street
5. Full Name of Mother, Meary Gareis
6. Mother's Maiden Name, Mary Stauch
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gareis
9. Father's Occupation, Chair factory
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Miss P. Liersemann

Address, 1225 Hare street

Remarks,

OCT 14 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts, fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. NOV 2 1899

15743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 13th. 1899. 1.55 PM

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, } Mamie Rice

6. Mother's Maiden Name, }

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res. Phy Maternite

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* P October 13 89
4. *Place of Birth, (Street and Number)* 108 Penna Ave Ext'd
5. *Full Name of Mother,* Mary Knell
6. *Mother's Maiden Name,* Mary Long
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Frank L Knell Jr
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return. A C Pole MD

Address, 2102 Madison Co

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A. 15-714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 13 — 1889
4. Place of Birth, (Street and Number) 1814 Canton Ave.
5. Full Name of Mother, Lizzie Bauer
6. Mother's Maiden Name, Bonnet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bauer
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fleet St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
NOV 2 1889
BALTIMORE MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15746

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Oct 13 — 1889
4. *Place of Birth*, (*Street and Number*) 245 S. Dallas St.
5. *Full Name of Mother*, Jane Clark
6. *Mother's Maiden Name*, Goodwind
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, Geo. Clark
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Anapolies Md

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 15447

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October Sunday 13th 1889
4. Place of Birth, (Street and Number) 749. McHenry st
5. Full Name of Mother, Bettie. Mary. Louise Landbeck
6. Mother's Maiden Name, Bettie. Mary. Louise Fajen
7. Mother's Birthplace, Hoboken. New York
8. Full Name of Father, John. Ernest. Landbeck
9. Father's Occupation, Currier
10. Father's Birthplace, Baltimore. City

Name of Medical Attendant, or other person who makes this Return. Mrs C Seebeck

Address, No 785 W Pratt st

Remarks,

HEALTH DEPARTMENT, NOV 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15748

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female 2 2
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 13th of Oct
4. *Place of Birth, (Street and Number)* 1002 Pennally
5. *Full Name of Mother,* Catherine Dillihay
6. *Mother's Maiden Name,* Mason
7. *Mother's Birthplace,* Bolto
8. *Full Name of Father,* Charles Dillihay
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Dauchester county

Name of Medical Attendant, or other Person who makes this Return Sarah A Brown

Address, ~~826~~ 827 China st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 23 1898 BALTIMORE

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 13th of October
5. *Place of Birth, (Street and Number)* 1219 Washington ave
6. *Full Name of Mother,* Mary Adams
7. *Mother's Maiden Name,* Mary Smith
8. *Full Name of Father,* John Adams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 1126 Russel St

Remarks,

OCT 21 1888

154 44

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable by law.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15750

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* October 13 1889
4. *Place of Birth, (Street and Number)* Vincent street 528 B Edmond-cbee-franklin st
5. *Full Name of Mother,* Sarah Green
6. *Mother's Maiden Name,* Sarah Wilson
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* Henry Green
9. *Father's Occupation,* Labringman
10. *Father's Birthplace,* West River Md

Name of Medical Attendant, or other person who makes this Return. Mary Jones

Address, 1121 Sartoga Street

Remarks, Baltimore Md

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15751

No. of Child of Mother, (*state whether* 1*st*, 2*d*, [redacted], &c.)

1. *Sex,* (*State whether male or female*)
2. *Race or color,* (*if not of the white race*)
3. *Date of Birth,* The 13 of October
4. *Place of Birth,* (*Street and Number*) 423 Mulberry St
5. *Full Name of Mother,* Sarah E. Miller
6. *Mother's Maiden Name,* Brenner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Miller
9. *Father's Occupation,* B. and O. Railroad
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Wunsch

Address, 800 Leadenhall St.

Remarks,

PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 15/52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 13th 1889
4. *Place of Birth, (Street and Number)*	Clinton st 24
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Mary Fuhr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Smith
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilkens Ave
Remarks,	

NOV 2 1889 BOARD OF HEALTH

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore ~~City~~ and 7th.

A.

15753

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th (Twins)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Oct. 14/89
4. Place of Birth, (Street and Number) 232 N. Chester
5. Full Name of Mother, Catt. F. Corbin
6. Mother's Maiden Name, " " Gable
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Corbin
9. Father's Occupation, Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, G. L. Mill Tim

Address, 226 S. Bay

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent having such child to report its birth to the Commissioner of Health, in the manner and within the period above named; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 15454

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Oct. 14/89
4. Place of Birth (Street and Number), Balto. Univ. Hospital
5. Full Name of Mother, Lizzie Ellis
6. Mother's Maiden Name, do
7. Mother's Birthplace, New York
8. Full Name of Father, Sam. Beatly
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. G. Franklin Becker, M.D.

Address, 21-29 N. Bond St.

Remarks,

The Baltimore Daily Bulletin Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. A. 15755

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octo. 14. 1889.
4. *Place of Birth, (Street and Number)* 2016 Penna. Ave.
5. *Full Name of Mother,* Mary Shelly
6. *Mother's Maiden Name,* Tottle
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. Shelly
9. *Father's Occupation,* Proprietor of livery Stable
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. A. Christian, Jun.

Address, 1821 Madison Ave.

Remarks,

OCT 30 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts [illegible] fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 16 1889

A 5756

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 14th
4. *Place of Birth, (Street and Number)*	1121 N. Central Ave
5. *Full Name of Mother,*	Catherine Luber
6. *Mother's Maiden Name,*	Krueg
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Luber
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gromy
Address,	940 N. Gay st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15154

OCT 14 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 14 — 89
4. *Place of Birth, (Street and Number)*	821 N Bond
5. *Full Name of Mother,*	Lillie Seelman
6. *Mother's Maiden Name,*	Lillie Harman
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Saml Seelman
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Daniel O'Meyer MD
Address,	1200 N Edw Pl
Remarks,	City

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child A 15758
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 14 — 1889.
4. *Place of Birth, (Street and Number)*	1106 James Alley
5. *Full Name of Mother,*	Mary Wemmert.
6. *Mother's Maiden Name,*	Wehrs.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Wemmert.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15759

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Whit
3. *Date of Birth,* 14th of October 1889
4. *Place of Birth (Street and Number),* 2234 Fairmount Ave
5. *Full Name of Mother,* Lidiche Wilson
6. *Mother's Maiden Name,* Lidiche Bradsham
7. *Mother's Birthplace,* Somerset Co
8. *Full Name of Father,* James Wilson
9. *Father's Occupation,* Marine
10. *Father's Birthplace,* Somersett Co

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Selma Slk

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15760

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or color*, (~~if not of the~~ white ~~race~~)
3. *Date of Birth*, Oct 14th 11, 3 d P.M.
4. *Place of Birth*, (*Street and Number*) 913 ~~Stiles St~~
5. *Full Name of Mother*, Mattie DE Frese
6. *Mother's Maiden Name*, " Dickson
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Jacob De Frese
9. *Father's Occupation*, Hatchman
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. A Sregd Thevhed Mid

Address, 1102 E Balto St

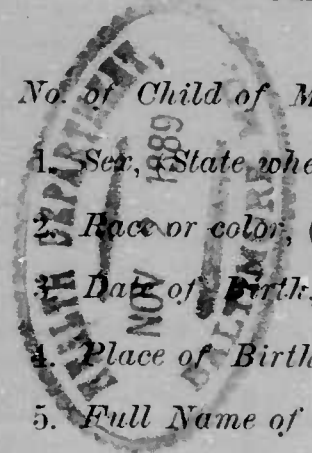
Remarks, Instrumental

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



A. 15761

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 14 th 1889
4. *Place of Birth, (Street and Number)*	Wilhelm st 908
5. *Full Name of Mother,*	Mary J Gurbick
6. *Mother's Maiden Name,*	Mary J Mecomas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Gurbick
9. *Father's Occupation,*	Brab
10. *Father's Birthplace,*	Catonsville B. C. Md
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	2022 Wilhelm Ave
Remarks,	

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th

A 15762

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Octo 14, 1889

4. Place of Birth, (Street and Number) 330 N. Bruce st

5. Full Name of Mother, Georgia P. Atkins

6. Mother's Maiden Name, White

7. Mother's Birthplace, Va

8. Full Name of Father, Thomas C. Atkins

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon MD

Address, 1403 W Fayette St

Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE CITY

[illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15763

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 14.
4. *Place of Birth, (Street and Number)* 1626 Jefferson St
5. *Full Name of Mother,* Ella Bell
6. *Mother's Maiden Name,* Ella Asher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Bell
9. *Father's Occupation,* Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Cooper Hutchison, M.D.

Address, 805 Aisquith St Baltimore

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its [illegible] date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner [illegible] certificate between the first and third day of each and every month to the office of the Commissioner [illegible]. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Oct 14
4. Place of Birth (Street and Number),	914 Madison Ave
5. Full Name of Mother,	Nannie Brennan
6. Mother's Maiden Name,	Di Coursey
7. Mother's Birthplace,	Queen Annes Co
8. Full Name of Father,	Ed. M. Brennan
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	A. M. Wilson
Address,	1008 Mad Ave
Remarks,	

A-15764

The Baltimore Publishing Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

A 15765

HEALTH DEPARTMENT OCT 21 1889 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 4th Child —

1. Sex, (state whether male or female) — Female —
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 14th 1889.
4. Place of Birth, (Street and Number) 512 N. Pine Street.
5. Full Name of Mother, Mary B. Cooney.
6. Mother's Maiden Name, Mary B. Lauer.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Peter A. Cooney.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pennington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15766

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 14th 1889
4. Place of Birth, (Street and Number) 612 N. Patterson Park Avenue
5. Maiden Name of Mother, Ellen Sloan
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Sloan
9. Father's Occupation, Pipe Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bowles

Address, 1897 E Pratt St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT OCT 22 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th **A** 15467

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 Oct 1889
4. *Place of Birth, (Street and Number)* 414 S Washington st
5. *Full Name of Mother,* Hannah C Kerr
6. *Mother's Maiden Name,* McDonald
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Thomas Kerr
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 182 9 E Pratt

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT, OCT 22 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter tail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13768

HEALTH DEPARTMENT, OCT 2 1889 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, October 14th 1889.
4. Place of Birth, (Street and Number) No. 9 Marriott St.
5. Full Name of Mother, Anna Hanssen.
6. Mother's Maiden Name, Anna Gerken.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Amandes Claus Fredrick Hanssen.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15769

NOV 2 1889
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 14 – 1889
4. *Place of Birth, (Street and Number)* 1010 Granby St.
5. *Full Name of Mother,* Therese Bartell
6. *Mother's Maiden Name,* Cunigham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John B. Bartell
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH NOV 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. 15770
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 4, 1889.
4. *Place of Birth, (Street and Number)*	802 Dallas St.
5. *Full Name of Mother,*	C. Keller.
6. *Mother's Maiden Name,*	C. Dickson.
7. *Mother's Birthplace,*	Gumany.
8. *Full Name of Father,*	C. Keller
9. *Father's Occupation,*	Baker,
10. *Father's Birthplace,*	Gumany.
Name of Medical Attendant, or other person who makes this Return.	M. A. Bitte
Address,	1245 E. Monument St. cor. Central ave
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 15771

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 14th 1889
4. Place of Birth, (Street and Number) Baltimore City 1121 Boyne St
5. Full Name of Mother, Mary Folks
6. Mother's Maiden Name, Mary Armstrong
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Folks
9. Father's Occupation, upholster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary M. Cuffer

Address, 716 West St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Whenever the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15742

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 14. 1889.
4. *Place of Birth, (Street and Number)* 1903 E. Pratt St
5. *Full Name of Mother,* Rebecca Hillen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Mordecha Hillen
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. 15773

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct. 14th 1889
4. Place of Birth, (Street and Number) W. Sixth St. (annex.)
5. Full Name of Mother, Eva E. Brown.
6. Mother's Maiden Name, " " Maddox.
7. Mother's Birthplace, Somerset Co. Md.
8. Full Name of Father, G. Henry Brown.
9. Father's Occupation, Bricklayer.
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1038 E. Monument St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 15744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14th 1889
4. *Place of Birth, (Street and Number)* 893 Eager St
5. *Full Name of Mother,* Mary Agnes Sweeney
6. *Mother's Maiden Name,* Mary Agnes Gunning
7. *Mother's Birthplace,* Ashland Balto County
8. *Full Name of Father,* Luke Augustus Sweeney
9. *Father's Occupation,* Tea and Coffee dealer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Miss Sarah Wooden

Address, 936 Greenmount Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-10-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ethel Kohlhaas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

15475

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 14th - 1889
4. Place of Birth, (Street and Number) 319 N. Stricker St. Balto
5. Full Name of Mother, Mary Elizabeth Kohlhaas
6. Mother's Maiden Name, " " High
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Paul Kohlhaas
9. Father's Occupation, Umbrella Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. Pizzie Zimmerman M.D.

Address, S. E. Cor. Carey & Hollins Sts. Balto

Remarks,

HEALTH DEPARTMENT NOV 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child so report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 15776

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te

1. *Sex, (State whether ~~male~~ or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 14. Oktober. 1889.
4. *Place of Birth, (Street and Number)* Henry Street. Nr 613.
5. *Full Name of Mother,* Maggy Hijeleen
6. *Mother's Maiden Name,* Gerstner.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hijeleen.
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Gemany

Name of Medical Attendant, or other person who makes this Return. Catherina Wunsch

Address, 80 Leadenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE CITY, 1889

1A 1547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female Eva

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1121 Little Mc Elderry street

4. Place of Birth, (Street and Number) 14 October 1889

5. Full Name of Mother, Annie Cohen

6. Mother's Maiden Name, Annie Mudrek

7. Mother's Birthplace, Russia

8. Full Name of Father, Myer Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St n 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15478

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 14th 1882.

4. Place of Birth, (Street and Number) 302 Wolf st.

5. Full Name of Mother, Mary Wisch.

6. Mother's Maiden Name, " " Clock.

7. Mother's Birthplace, City

8. Full Name of Father, John Wisch

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bely

Address, 1741 Bank st.

Remarks.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1577

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 14th 1889.
4. Place of Birth, (Street and Number) 511 Regester st.
5. Full Name of Mother, Maggie Meyer
6. Mother's Maiden Name, " " Andrews.
7. Mother's Birthplace, City
8. Full Name of Father, Henry Meyer
9. Father's Occupation, Cooper
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Elizy Betz

Address, 1741 Bank st.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Registrar of Vital Statistics on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the householder should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15780

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	15th of Oct 1889
4. *Place of Birth, (Street and Number)*	135 Ostend St Balto Md
5. *Full Name of Mother,*	Emma L Freburg
6. *Mother's Maiden Name,*	Emma L Borkman
7. *Mother's Birthplace,*	Sweden
8. *Full Name of Father,*	John A Freburg
9. *Father's Occupation,*	Glass blower
10. *Father's Birthplace,*	Sweden
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

NOV 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 1578
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15th Oct 1889
4. *Place of Birth, (Street and Number)*	Covington St
5. *Full Name of Mother,*	Elizabeth Kenney
6. *Mother's Maiden Name,*	Buchite
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Kenney
9. *Father's Occupation,*	Iron Molder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Yewell
Address,	516 Fort Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 15th 1889

4. Place of Birth, (Street and Number) S. E. Cor. of Castle & McElderry St.

5. Full Name of Mother, Mary Nightfoot

6. Mother's Maiden Name, Menke

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Charles Nightfoot

9. Father's Occupation, Oyster Packer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. M. Gates, M.D.

Address, 111 S. Broadway

Remarks,

15782

John Murphy & Co., City Printers and Stationers.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT NOV 2 1899 BALTIMORE CITY

15483

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15. Oct
4. *Place of Birth (Street and Number),* 434 ~~4~~ 34 N. Front St
5. *Full Name of Mother,* Madtielda Breamsteder
6. *Mother's Maiden Name,* Madtielda Moore
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Breamsteder
9. *Father's Occupation,* Bacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Zink

Address, ~~W~~ 907. Hillen St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

A 15784

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 15, 89

4. Place of Birth, (Street and Number) 602 Fulton Ave

5. Full Name of Mother, Clara C. Eichelberger

6. Mother's Maiden Name, " " Baker

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm H. Eichelberger

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. Mason Hundley

Address, 1002 Edmondson Ave

Remarks,

HEALTH OFFICE OCT 22 1889 BALTIMORE MD

[illegible] of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the [illegible] deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other [illegible] are recoverable.

[illegible]IET & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 10-28-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Marie — Lettau

A 15785

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1441 II Batteri: Avenu.
4. *Place of Birth, (Street and Number)* I October: of. 15.-1889
5. *Full Name of Mother,* Helene ~~Lina~~ ~~Littau~~ Lettau
6. *Mother's Maiden Name,* Helene ~~Lina~~ ~~Sikett~~ Schadel
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Bernhard ~~Littau~~ Lettau
9. *Father's Occupation,* Shumaker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien.

Address, 3. Henrietta: Ar.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15786

OCT 25 1889

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* October 15, 1889
4. *Place of Birth, (Street and Number)* 3037 Hutson St.
5. *Full Name of Mother,* Mary Jane Davis
6. *Mother's Maiden Name,* Mary Jane George
7. *Mother's Birthplace,* Wales
8. *Full Name of Father,* Martin Davis
9. *Father's Occupation,* Heater
10. *Father's Birthplace,* Wales

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jan 15 87

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Male.
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* October 15th 89.
5. *Place of Birth, (Street and Number)* 1159 Cleveleng Street
6. *Full Name of Mother,* Anna Else Rasch.
7. *Mother's Maiden Name,* Anna Else Heidemann
8. *Mother's Birthplace,* Berlin (Germany)
9. *Full Name of Father,* John Arthur Resch
10. *Father's Occupation,* Clerk.
11. *Father's Birthplace,* Leipsig (Germany.)

Name of Medical Attendant, or other person who makes this Return. Mrs Bang (

Address,

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

NOV 21 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-1-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carolyn Hoffman

15788

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), —
3. Date of Birth, Oct 15
4. Place of Birth (Street and Number), 324 Huntington Av
5. Full Name of Mother, Helen Hoffman
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Balt.
8. Full Name of Father, Carrole Hoffman
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. H M Wilson

Address, 1008 Madison Av.

Remarks,

HEALTH DEPARTMENT OCT 21 1888

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15789

NOV 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 15 - 1889
4. Place of Birth, (Street and Number) 112 S. Exeter St.
5. Full Name of Mother, Annie Hoyle
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Hoyle
9. Father's Occupation, Police - Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1127 E. Pratt St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BL 15740

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 15 1933.
4. *Place of Birth, (Street and Number)*	Eastern ave.
5. *Full Name of Mother,*	Katie Matthiesen
6. *Mother's Maiden Name,*	Katie Michil
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Henry G. Matthiesen
9. *Father's Occupation,*	Budsher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Ellen Smith
Address,	1113 Eastern ave City
Remarks,	

RECEIVED OCT 20 1933 BALTIMORE

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15791

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) —
3. Date of Birth, Oct. 15-12 1889
4. Place of Birth, (Street and Number) 1228 E. Fayette St.
5. Full Name of Mother, Annie May Meades
6. Mother's Maiden Name, Annie May Severe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Meades
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Howard C. Silver M.D.

Address, 1122 E. Fayette St.

Remarks,

OCT 23 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1D 15792

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) WL
3. *Date of Birth,* Oct. 15—1889
4. *Place of Birth,* (Street and Number) 2012 E Lanvale St
5. *Full Name of Mother,* Eva Langrall Miles
6. *Mother's Maiden Name,* Eva Langrall
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frank W Miles
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. Dr C Benjamin

Address, Broadway & Pratt

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 15793

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 15
4. *Place of Birth, (Street and Number)* 1625 E. Pratt St.
5. *Full Name of Mother,* Remine Reider
6. *Mother's Maiden Name,* Remine Pedersen
7. *Mother's Birthplace,* Mandal (Norway)
8. *Full Name of Father,* Conrad Reider
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore (Md)

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, 1913 Eastern ave. (City)

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 22 1889 BALTIMORE CITY

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

15794

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 15
4. *Place of Birth (Street and Number)* 819 William
5. *Full Name of Mother* Lulu Nichols
6. *Mother's Maiden Name* " Taylor
7. *Mother's Birthplace* B. City
8. *Full Name of Father* Ridgley Nichols
9. *Father's Occupation* Lineman
10. *Father's Birthplace* Dcity

Name of Medical Attendant, or other Person who makes this Return. R H O Ellis

Address 915 Light

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15795

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15. Okt.
4. *Place of Birth, (Street and Number)* 3038. Boston.
5. *Full Name of Mother,* Rosala Werdinka
6. *Mother's Maiden Name,* Wischnefski.
7. *Mother's Birthplace,* Garmane.
8. *Full Name of Father,* Johan. Werdinski.
9. *Father's Occupation,* Labrer.
10. *Father's Birthplace,* Garmane.

Name of Medical Attendant, or other person who makes this Return. Mrs P. Liersemann.

Address, 1225 Hare street.

Remarks,

NOV 4 1899

BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in obstetrics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A 15796

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* 10.16.89.
4. *Place of Birth, (Street and Number)* 1627 Druid Hill Ave.
5. *Full Name of Mother,* Yula Aler,
6. *Mother's Maiden Name,* Foster
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jno. A. Aler.
9. *Father's Occupation,* Lumber Inspector
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Lill Eastman

Address, 772 N Lexington

Remarks,

...ist of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

A 15797

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 16, 89
4. *Place of Birth, (Street and Number)* 19 W. Washington St.
5. *Full Name of Mother,* Annie Link
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Link
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

HEALTH DEPARTMENT OCT 30 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

15798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 16. 1889
4. Place of Birth, (Street and Number) 134 W. Hoffman Street
5. Full Name of Mother, Rosy Winder
6. Mother's Maiden Name, Rosy Lee
7. Mother's Birthplace, Essex County Va.
8. Full Name of Father, Devin Winder
9. Father's Occupation, Waiter
10. Father's Birthplace, Somerset County Md.

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 509 Preston Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
NOV 16 1889
BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-15799

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Oct 16th
4.	*Place of Birth, (Street and Number)*	S. W. cor Preston & Eager Sts
5.	*Full Name of Mother,*	Elizebeth Richwein
6.	*Mother's Maiden Name,*	" Hentz
7.	*Mother's Birthplace,*	Balto "
8.	*Full Name of Father,*	John Richwein
9.	*Father's Occupation,*	Black Smith
10.	*Father's Birthplace,*	" Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
	Address,	940 N. Gay st
	Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics; Board of Health, Baltimore City.

15800

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* 16th of Oct 1889
4. *Place of Birth, (Street and Number)* Baltimore 1523 Byrd st
5. *Full Name of Mother,* Rachel Rennels
6. *Mother's Maiden Name,* " Preston
7. *Mother's Birthplace,* Preston County Virginia
8. *Full Name of Father,* John Rennels
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* North East Cecil County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs E Donaldson Doctor Ellis

Address, 1724 Johnson St Extended

Remarks, Mother is in a critical condition.

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15801

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (State whether male or ~~female~~)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	16 October
4. *Place of Birth, (Street and Number)*	766 Hanover St
5. *Full Name of Mother,*	Mary Neudeth
6. *Mother's Maiden Name,*	Mary Kerner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J C Neudeth
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	~~Dr~~ Catherine Wunder
Address,	800 Leadenhall St.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and residence of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15802

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (State whether male or female) [illegible]

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 16 1889

4. Place of Birth, (Street and Number) 206 Hamburg St

5. Full Name of Mother, Susie Hanft

6. Mother's Maiden Name, Susie Horr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hanft

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Wunder

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT NOV 1 1889 BALTIMORE MD

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence recovered as other fines and forfeitures are recoverable.

WM. C. BRUCE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15803

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct. 16th 1889 4.15 PM
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,* Mary Frances Brown
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Res Phy Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15804

NOV 2 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct 16th 1889 . 10.22 AM
4. *Place of Birth, (Street and Number)* Maternité
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Biggs
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy Maternité

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

15805

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (~~state whether~~ male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 16th 1889
4. *Place of Birth, (Street and Number)* 26 Valley St Waverly Annex
5. *Full Name of Mother,* Mary F. Green
6. *Mother's Maiden Name,* " " Gillday
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* William P. Green
9. *Father's Occupation,* House painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. R G Rankin MD

Address, Waverly Balto. Md.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15806

NOV 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* #611 Orleans St.
4. *Place of Birth, (Street and Number)* Oct 26th 1889.
5. *Full Name of Mother,* Alice A. Popp
6. *Mother's Maiden Name,* Kelly.
7. *Mother's Birthplace,* Pikesville Md.
8. *Full Name of Father,* John C. Popp.
9. *Father's Occupation,* Restaurant.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Miss Dena Hillegeist

Address, #108 E. Monument St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 — A 15807

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 16th 1889
4. *Place of Birth, (Street and Number)* Baltimore City No 12 St Peter St
5. *Full Name of Mother,* Virginia Rumney
6. *Mother's Maiden Name,* Virginia Wagley
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robert Rumney
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M C Shaffer

Address, No 716 West St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A 15808

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* -
3. *Date of Birth,* Oct 16, 89
4. *Place of Birth, (Street and Number)* 1019 Hopkins Ave
5. *Full Name of Mother,* Isabel ~~Hosier~~ King
6. *Mother's Maiden Name,* Isabel Hosier
7. *Mother's Birthplace,* N York
8. *Full Name of Father,* Nelson M. King
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* N C

Name of Medical Attendant, or other Person who makes this Return J. Moran Hundley

Address, 1002 Edmondson Ave

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BOARD OF HEALTH, OCT 22 1889 BALTIMORE

...ET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15809

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Baltimore City MD
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 16. 1889
4. *Place of Birth, (Street and Number)*	Parrish alley No 22
5. *Full Name of Mother,*	Celia Butler
6. *Mother's Maiden Name,*	Celia Lully
7. *Mother's Birthplace,*	St Marys County MD
8. *Full Name of Father,*	Thomas Butler
9. *Father's Occupation,*	Sparker
10. *Father's Birthplace,*	St Marys County MD
Name of Medical Attendant, or other person who makes this Return.	Mary Barrow
Address,	23 Parrish alley
Remarks,	

OCT 23 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15810

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. d. A

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October: of. 16.
4. *Place of Birth, (Street and Number)* 702. Sharp: Str.
5. *Full Name of Mother,* Elisabeth Koenig.
6. *Mother's Maiden Name,* Elisabeth Wirth
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Koenig.
9. *Father's Occupation,* Cabinet: Maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Auguste: Bovien.

Address, 3. Henrietta: Str.

Remarks,

NOV 4 1889

BALTIMORE

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 22 1889 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

15811

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Wednesday Oct 16th 89
4. Place of Birth, (Street and Number) 121 Park Ave
5. Full Name of Mother, Sadie Gorman
6. Mother's Maiden Name, Illegitimate
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. E. Welch Mrs

Address, Park Ave & Mulberry St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15812

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 th October 1882
4. Place of Birth, (Street and Number) Fenton St No 1425
5. Full Name of Mother, Nellie Hebbette
6. Mother's Maiden Name, Hertle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return.

Address, Havre de Grace Md

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1581

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* October 16th 1889
4. *Place of Birth, (Street and Number)* 1016 Jenkins Al
5. *Full Name of Mother,* Mary Butler
6. *Mother's Maiden Name,* " Harris
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Butler
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

HEALTH DEPARTMENT OCT 21 1889

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

158 14

OCT 22 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
3. Date of Birth,	October 16/89
4. Place of Birth, (Street and Number)	No 2012 Eastern Ave
5. Full Name of Mother,	Emilie Vogel
6. Mother's Maiden Name,	Lehmann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Vogel
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Knapf.
Address,	No 405 S. Washington St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to [illegible] the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be [illegible] as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15815

OCT 23 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 16/89
4. Place of Birth, (Street and Number) No 620 S. Bondstreet
5. Full Name of Mother, Ernestine Sinsz
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, S Polen
8. Full Name of Father, Simon Sinsz
9. Father's Occupation, Carpenter
10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — A 15816

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct. 16th 89
4. Place of Birth (Street and Number), 821 George St.
5. Full Name of Mother, Ella Mueller
6. Mother's Maiden Name, " Hattes
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Edmond Mueller
9. Father's Occupation, Cigar-Maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

and shall set forth as far as the same can be ascertained the full name of [redacted] child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date [redacted] of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of [redacted] given the first and third day of each and every month to the office of the Commissioner of Health. In case the [redacted] any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

1581

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) — —
3. Date of Birth, 16 October
4. Place of Birth, (Street and Number) No 917 Durham St
5. Maiden Name of Mother, Katie Kuhlman
6. Mother's Married Name, Roser
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Kuhlman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Schulte

Address, No 528 N Washington St

Remarks,

BALTIMORE OCT 22 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15818

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	16th October
4. Place of Birth, (Street and Number)	616 W. Baltimore st
5. Full Name of Mother,	Kate. George
6. Mother's Maiden Name,	Kate. Schroum
7. Mother's Birthplace,	Hanover. Pa
8. Full Name of Father,	Andrew. George
9. Father's Occupation,	Fresco. Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	N 735 N Paca st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child 1889
1. *Sex, (state whether male or female)*	~~White Race~~ Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Oct 16th 1889
4. *Place of Birth, (Street and Number)*	No 14 Fredrick Ave
5. *Full Name of Mother,*	Mrs Mary Kirshner
6. *Mother's Maiden Name,*	Miss Mary Winter
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Mr John Kirshner
9. *Father's Occupation,*	Schoemaker
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15820

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 16th 1892
4. *Place of Birth, (Street and Number)*	No 1636 South Charles st
5. *Full Name of Mother,*	Lizzie Younger
6. *Mother's Maiden Name,*	Lizzie Knight
7. *Mother's Birthplace,*	Baltimore city, md
8. *Full Name of Father,*	Capt Dixon Younger
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Calvert Co md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hinton
Address,	No 1608 S Charles Street
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OCT 19

J. 2. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 16th
4. *Place of Birth, (Street and Number)* 603 Lexington St
5. *Full Name of Mother,* Mary Degnan
6. *Mother's Maiden Name,* Mary Kean
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Degnan
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Heeligonda Slifer

Remarks, 641 So Paca St

15821

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15877

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 16 1889.
4. Place of Birth, (Street and Number) 129 Kensett St.
5. Full Name of Mother, Mary Mayer.
6. Mother's Maiden Name, Mary Heausler
7. Mother's Birthplace, ~~Bad~~ Balto. Md.
8. Full Name of Father, Joseph Mayer.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Charles H. Buberl

Address, 1926 Penna. Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 17 1889

4. Place of Birth, (Street and Number) 416 N Patterson Pk Ave

5. Full Name of Mother, Annie Weising

6. Mother's Maiden Name, " Barnett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Julius Barnett

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J T Spicknall

Address, 14 N Patterson Pk Ave

Remarks,

A 1587

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 12-14-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Pascal Miller

NOV 11 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October 17th 1889
4. Place of Birth, (Street and Number)	1223 E. Madison St.
5. Full Name of Mother,	Emma M. Miller
6. Mother's Maiden Name,	Pascal
7. Mother's Birthplace,	Calvert Co.
8. Full Name of Father,	August Miller
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. W. Seldner M.D.
Address,	S.E. Cor. Caroline & Eager Sts.
Remarks,	

A 15874

The Name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of obstetrics, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th A 15825

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 17th
4. Place of Birth, (Street and Number) 326 Third St 1/2 St
5. Full Name of Mother, Sarah J. Isaacs
6. Mother's Maiden Name, Sarah J. Earles
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Joseph H. Isaacs
9. Father's Occupation, Laborer
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return. Margaret H. Gray

Address,

Remarks, Inst Hereditary Only lived about one & 1/2 Day & died with Convulsions

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children 10 Birth

1. *Sex, (~~state whether~~ male or female)*
2. *Race or color, (~~if not of the~~ white race)* A. 15826
3. *Date of Birth,* Oct 17th 1889.
4. *Place of Birth, (Street and Number)* No 30 Lloyd st
5. *Full Name of Mother,* Maria Coan
6. *Mother's Maiden Name,* " Hoban
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* James Coan.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return J. Ridgway André M.D.

Address, 1123 E Balto st

Remarks, Twins.

OCT 29 1889

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 5829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 16 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 17th
4. *Place of Birth, (Street and Number)*	1211 Dallas st
5. *Full Name of Mother,*	Kate Sangliat
6. *Mother's Maiden Name,*	" Zeller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Martin Sangliat
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N. Gay st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15828

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 17/89
4. *Place of Birth, (Street and Number)* 95 W Preston St
5. *Full Name of Mother,* Fannie Brooks
6. *Mother's Maiden Name,* Fannie Bonsal
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* ~~Richard [illegible]~~ Walter B Brooks
9. *Father's Occupation,* ~~[illegible]~~ Merchant
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. H P C Wilson

Address, 814 Saint Av

Remarks,

HEALTH DEPARTMENT OCT 21 '38

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15829

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 17 October

4. Place of Birth, (Street and Number) No. 1031 Central Ave

5. Full Name of Mother, Minie Wielert

6. Mother's Maiden Name, Bruins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Wielert

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Schulte

Address, No. 528 N Washington Str

Remarks,

OCT 22 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the period above required, and any such person or persons who shall hereafter fail to comply [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15830

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 17th /89
4. *Place of Birth, (Street and Number)* 1115 S. Paca st
5. *Full Name of Mother,* Mrs Emma Pletz
6. *Mother's Maiden Name,* Emma Wagner
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Pletz
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15831

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17 th
4. *Place of Birth, (Street and Number)* Maple ave Woodberry
5. *Full Name of Mother,* Sarah Behler
6. *Mother's Maiden Name,* " Such
7. *Mother's Birthplace,* ~~Bost~~ Balt Co, Md
8. *Full Name of Father,* Frank Behler
9. *Father's Occupation,* Gate Keeper in Park
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Olivia Ruby

Address, Falls Road & Lemmon Lane

Remarks,

HEALTH DEPARTMENT OCT 28 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15832

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W
3. Date of Birth, Oct 17th 1889
4. Place of Birth, (Street and Number) Baltimore City 565 Penna Ave
5. Full Name of Mother, Louisa Ludwig
6. Mother's Maiden Name, Louisa E Jr
7. Mother's Birthplace, Cumberland Md
8. Full Name of Father, Henry Ludwig
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, 716 West St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15833

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 17th 1889
4. *Place of Birth, (Street and Number)* Baltimore 1141 Sarasfras St
5. *Full Name of Mother,* Annie R Goldsmith
6. *Mother's Maiden Name,* Annie R Hoffman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* C Edward J Goldsmith
9. *Father's Occupation,* Shoe Molder
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Mrs M C Shaffer

Address, No 716 West St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 2 1889

A 15834

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 17th 1889 2nd dau
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Mrs Mary King (Mary King)
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Resby Maternite

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15835

HEALTH DEPARTMENT, NOV 2 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 17 — 1889
4. Place of Birth, (Street and Number) 1334 ~~Block~~ W. Shilpot St.
5. Full Name of Mother, Amalia Hereene
6. Mother's Maiden Name, Geiger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Hereene
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15836

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 17 1889
4. *Place of Birth, (Street and Number)* Wolf st 12
5. *Full Name of Mother,* Barbary Voger
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Graemen
8. *Full Name of Father,* Frank Voger
9. *Father's Occupation,* talor
10. *Father's Birthplace,* Graemen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address,

Remarks, Wastiston

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15837

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 17/84
4. Place of Birth, (Street and Number) No. 514 S. Ann St.
5. Full Name of Mother, Mary Windenhoff
6. Mother's Maiden Name, Otremba
7. Mother's Birthplace, Polen
8. Full Name of Father, August Windenhoff
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

OCT 22 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, [illegible] become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colard Race A 15838
3. *Date of Birth,* Oct 17 1889
4. *Place of Birth, (Street and Number)* 1718 McCubbin st
5. *Full Name of Mother,* Rosa Turner
6. *Mother's Maiden Name,* Rosa Colman
7. *Mother's Birthplace,* Eastern shore Dorchester Co
8. *Full Name of Father,* William Turner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return. Lucindia Woolford

Address, 432 N Register St

Remarks,

HEALTH DEPARTMENT OCT 24 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible] to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female — A. 15539
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 17, 1889
4. Place of Birth, (Street and Number) Mt. Royal Village
5. Full Name of Mother, Mary McCleary
6. Mother's Maiden Name, " Frizzell
7. Mother's Birthplace, Ireland
8. Full Name of Father, Geo. L. McCleary
9. Father's Occupation, Laborer
10. Father's Birthplace, U. S.

Name of Medical Attendant, or other Person who makes this Return. Oliver Edward James M.D.

Address, 837 W. Eutaw St

Remarks,

OCT 21 1889 HEALTH DEPARTMENT BALTIMORE MD

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15840

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 te October 1887
4. Place of Birth, (Street and Number) Kreg St No 24
5. Full Name of Mother, Mari Diedrich
6. Mother's Maiden Name, Wenger
7. Mother's Birthplace, Baltimor.
8. Full Name of Father, Josey Diedrich
9. Father's Occupation, Wood sawer
10. Father's Birthplace, Baltimo

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline Stewart East St 424

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 17th 89

4. Place of Birth, (Street and Number) 112 N. Carrollton Ave.

5. Full Name of Mother, Laura V. Clocker

6. Mother's Maiden Name, Laura V. Michel

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John F. Clocker

9. Father's Occupation, Stone cutter

10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Fuller M. D.

Address, 1203 W. Fayette St.

Remarks,

OCT 21 1889

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

n Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-11-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Johnson Curtis A 15842

HEALTH DEPARTMENT, OCT 22 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, Oct. 17th - 1889
4. Place of Birth, (Street and Number) 221 N. Ann St.
5. Full Name of Mother, Eliza Curtis.
6. Mother's Maiden Name, Eliza Jackson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Curtis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Morales

Address, 1829 E Pratt St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the birth, which have occurred [illegible] or her care during the month, and shall set forth as far as the same can be ascertained the full name of [illegible] child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15843

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 17th/89.
4. *Place of Birth, (Street and Number)* Lexington St. Extended
5. *Full Name of Mother,* Mary Seigfreid
6. *Mother's Maiden Name,* " " Leirs.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Seigfreid.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Hessen

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, 106. S. Monroe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15844

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 17th 89
4. Place of Birth, (Street and Number)	104 E Fort Ave
5. Full Name of Mother,	Susan Baker
6. Mother's Maiden Name,	Susan Mullen
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	R. E. Baker
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	714 W Fayette St
Remarks,	

NOV 2 1889

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 158445

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 17th 1889
4. *Place of Birth, (Street and Number)* 1103 Race St Balto Md.
5. *Full Name of Mother,* Annie C. Wagner
6. *Mother's Maiden Name,* Annie C. Schoeinsberg
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Casper Ludwig Wagner
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Cathrena Wunder

Address, 800 Leadenhall St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

15846

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 17th 1889
4. *Place of Birth, (Street and Number)* 1612 South Charles St
5. *Full Name of Mother,* Emma Reinhardt
6. *Mother's Maiden Name,* Emma Harrison
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Louis Reinhardt
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* State of New York

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, 1608 S. Charles St

Remarks,

OCT 19 1889

Health. This schedule shall contain a list of the births which have occurred under the order of the Board of Health, during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male Jacob
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 October 1889
4. *Place of Birth, (Street and Number)* 421 Forrest street
5. *Full Name of Mother,* Bessie Wolf
6. *Mother's Maiden Name,* Bessie Turtulsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Wolf
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle A N 103.

Remarks,

HEALTH DEPARTMENT NOV 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ARON FRIEDMAN

A 1848

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male Aron
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 October 1889.
4. Place of Birth, (Street and Number) 107 Front street
5. Full Name of Mother, Esther Friedman
6. Mother's Maiden Name, Esther Monfitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Bonnet Friedman
9. Father's Occupation, Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Ed Scherman

Address, Albemarle st cor 103

Remarks,

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15844

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male Harry
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 October 1889
4. Place of Birth, (Street and Number) 626 Fayette street
5. Full Name of Mother, Eva Vinecranz
6. Mother's Maiden Name, Eva Rosenfield
7. Mother's Birthplace, Russia
8. Full Name of Father, Bonnet Vinecranz
9. Father's Occupation, Watch maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schesman

Address, Albemarle st W 103.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15850

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18th of October
4. Place of Birth, (Street and Number)	13. Frederick Road
5. Full Name of Mother,	Ernestina Hirner
6. Mother's Maiden Name,	Ernestina Hirschy
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Friederich Hirner
9. Father's Occupation,	Bäcker
10. Father's Birthplace,	Württemberg
Name of Medical Attendant, or other person who makes this Return.	Friederike Heuder Midwife
Address,	216 West Pratt St
Remarks,	

Notice. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15851

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Calord
3. *Date of Birth* October 18th 89
4. *Place of Birth, (Street and Number)* 519 West crosst
5. *Full Name of Mother,* harybell dyson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* George Willians
9. *Father's Occupation,* Ewell Waiter
10. *Father's Birthplace,* Born in baltimor

Name of Medical Attendant, or other Person who makes this Return, Margret Spriggs

Address, Wm Spriggs

Remarks,

HEALTH DEPARTMENT OCT 30 1889 BALTIMORE CITY

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Juliet Johanna Wiencke

A 15852

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 October 1887
4. *Place of Birth, (Street and Number)* W Baltimore St 619
5. *Full Name of Mother,* Anna Maria (~~Wintz~~) Wiencke
6. *Mother's Maiden Name,* A. M. Schneider
7. *Mother's Birthplace,* Marburg Hassia Germany
8. *Full Name of Father,* Julius Charles (~~Wintz~~) Wiencke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. Reinhard

Address, 720 N Howard Street

Remarks,

BALTIMORE

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 18 1889
4. Place of Birth, (Street and Number) Jefferson st 1905
5. Full Name of Mother, Annie Natter
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohiomen
8. Full Name of Father, G A Natter
9. Father's Occupation, cirar maker
10. Father's Birthplace, Bohiomen

Name of Medical Attendant, or other person who makes this Return, Mary J Loftis

Address, W astington 205

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11854

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18th
4. *Place of Birth, (Street and Number)* 653 W Pratt St
5. *Full Name of Mother,* Charlotte Gakenheimer
6. *Mother's Maiden Name,* Charlotte Heckel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Gakenheimer
9. *Father's Occupation,* Sign Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Hellegonda Slifer

Remarks, Ex Ro Gaca Sr

OCT 23 1889

Register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each [illegible], to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 22 1889

A. 15755

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct. 18th, 1889
4. *Place of Birth* (Street and Number) 109, 6th St
5. *Full Name of Mother* Carrie Ellen Justice
6. *Mother's Maiden Name* Carrie Ellen Hardyshell
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Horatio Nelson Justice
9. *Father's Occupation* Fireman on R.R.
10. *Father's Birthplace* Woodberry, Md.

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Lordell, M.D.

Address 2111 Maryland Avenue

Remarks A premature birth - a little over 7 months
& lived only 24 hours.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11856

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex, (state whether male or female)* Female ~~White~~
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 1889
4. *Place of Birth, (Street and Number)* No 1450 Battery ave
5. *Full Name of Mother,* Lizzie Norris
6. *Mother's Maiden Name,* Lizzie Hughes
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Norris
9. *Father's Occupation,* Engineneer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornang

Address, No 1517 Byrd ~~St~~

Remarks,

HEALTH DEPARTMENT OCT 25 1889 BALTIMORE, MD

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15857

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 18, 1889
4. *Place of Birth, (Street and Number)* 811 Grover St.
5. *Full Name of Mother,* Susan Collier
6. *Mother's Maiden Name,* Susan Porter
7. *Mother's Birthplace,* Hartford Co.
8. *Full Name of Father,* Alexander Collier
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St

Remarks,

OCT 25 1889

BALTIMORE CITY

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15858

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, October 18th, 1889.
4. Place of Birth, (Street and Number) 418 Courtland St.
5. Full Name of Mother, Catherine Murray,
6. Mother's Maiden Name, Catherine Dearre,
7. Mother's Birthplace, Ireland,
8. Full Name of Father, Michael Murray,
9. Father's Occupation, City Cart Driver,
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. John Morris, M.D.

Address, 118 E. Franklin St.

Remarks,

HEALTH DEPARTMENT OCT 22 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female
1. *Sex, (State whether male or female)*	2d
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Oct 18, 1899
4. *Place of Birth, (Street and Number)*	1209 W Cross
5. *Full Name of Mother,*	Ida Williams
6. *Mother's Maiden Name,*	" Wardell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo Williams
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo R Graham M.D.
Address,	725 Columbia ave
Remarks,	

1899

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15860

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 18th/89
4. *Place of Birth, (Street and Number)* ~~#3~~ 78 W. Pratt St.
5. *Full Name of Mother,* Barbara Fink.
6. *Mother's Maiden Name,* " " " Bracker
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Nicholas Fink.
9. *Father's Occupation,* Undertaker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, #106 S. Howard St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under [illegible] care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15861

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th Oktober.
4. *Place of Birth, (Street and Number)* 2435. Canton. street.
5. *Full Name of Mother,* Aggnis Shlabjoda
6. *Mother's Maiden Name,* — Saworski
7. *Mother's Birthplace,* Garmane.
8. *Full Name of Father,* Michael Shlabjoda.
9. *Father's Occupation,* Labrer.
10. *Father's Birthplace,* Garmane.

Name of Medical Attendant, or other person who makes this Return. Mrs P. Liersemann

Address, 1225. Hare. street.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no other person be in attendance upon the mother, immediately thereafter [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 4 1893

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 18 / 89
4. Place of Birth, (Street and Number) 1100 N Stricker St
5. Full Name of Mother, Vallie B. Warfield
6. Mother's Maiden Name, Vallie B. Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Lemuel Warfield
9. Father's Occupation, Merchant
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. M H Carter MD

Address, 1800 W Balto St.

Remarks.

BRANCH DEPARTMENT NOV 5 1889

...ist of the cities which have recovered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 1-15-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Fredericka Schmidt

A. 15863

NOV. 7. 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18, 1889
4. Place of Birth, (Street and Number) #1011 Hillen St.
5. Full Name of Mother, D. Schmidt.
6. Mother's Maiden Name, D. Hooches
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Schmidt
9. Father's Occupation, Barber.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, M. S. Brott

Address, 1245 E. Monument St. cor. Central ave.

Remarks, All Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 13864

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 Oct
4. Place of Birth, (Street and Number) 1272 Granby St
5. Full Name of Mother, Lillie Toping
6. Mother's Maiden Name, Middinger
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Arthur Toping
9. Father's Occupation, Annapolis
10. Father's Birthplace, Plasterer

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellis

Address, 1802 Hallsted St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, between the first and third day of each and every month to the office of the Commissioner of Health, between the first and third day of each and every month to the office of the Commissioner of Health, between the first and third day of each and every month

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 18th
4. *Place of Birth, (Street and Number)*	219 W. Baltimore St
5. *Full Name of Mother,*	Susan Hindman
6. *Mother's Maiden Name,*	" Hockster
7. *Mother's Birthplace,*	Queen Anne Co. Md
8. *Full Name of Father,*	Peter Hindman
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Bond M.D.
Address,	511 Hanover St
Remarks,	

A 13865

NOV 4 1899

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every offence recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

CITY NAME ADDED 3-9-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Buck

A 15866

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 18/89
4. Place of Birth, (Street and Number) N° 717 E. Broadway
5. Full Name of Mother, Rosa Buch
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Buch
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Shaft.

Address, N° 405 E. Washington Ln.

Remarks,

OCT 22 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, as herein required, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 4867

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 15th 89
4. *Place of Birth, (Street and Number)*	809 N Monroe St
5. *Full Name of Mother,*	Mrs Mollie Price
6. *Mother's Maiden Name,*	Miss Mollie Hilleary
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jacob Price
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	719 W Baltimore St
Remarks,	

NOV 2 1889

Please. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1186

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 18th 1589
4. Place of Birth, (Street and Number) 216 Camel alley
5. Full Name of Mother, Harriet T Mackall
6. Mother's Maiden Name, Harriet Thomas
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Samuel Mackall
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return AK Bond M D

Address, 311 W. Biddle Street Baltimore

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ISET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

15869

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 18th 1889
4. Place of Birth (Street and Number)	1421 Eutaw Place
5. Full Name of Mother	Agnes S. McConnick
6. Mother's Maiden Name	Selden
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thos. F. McConnick
9. Father's Occupation	Physician
10. Father's Birthplace	Louisiana
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. McConnick M.D.
Address	1421 Eutaw Place
Remarks	Normal Labor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1870

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oct 18 1859
4. *Place of Birth, (Street and Number)* No 1634 South Charles st
5. *Full Name of Mother,* Mollie Grosh
6. *Mother's Maiden Name,* Mollie Woodside
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Charles Grosh
9. *Father's Occupation,* Engineer on B & O. RR
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1605 South Charles st

Remarks,

WM J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

A 15841

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* W
3. *Date of Birth,* Oct the 18, 1889
4. *Place of Birth, (Street and Number)* Penn St No 10.
5. *Full Name of Mother,* Emma Paddmann
6. *Mother's Maiden Name,* " Herschmann
7. *Mother's Birthplace,* Dy Germeney
8. *Full Name of Father,* Edward Paydmann
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germeney

Name of Medical Attendant, or other person who makes this Return. Mr. H Ledley

Address, 1004 Lexington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the Board of Health, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, October 19 : 1889
4. Place of Birth, (Street and Number) Baltimore " Watson place
5. Full Name of Mother, Allice Hopkins
6. Mother's Maiden Name, Allice Wagner
7. Mother's Birthplace, Hagers town m d
8. Full Name of Father, thomas franklin Hopkins
9. Father's Occupation, Labror
10. Father's Birthplace, Howard County m d

Name of Medical Attendant, or other person who makes this Return. Mrs d d Wilson

Address, No 330 · 2 ½ street neare barcley

Remarks, Child born With 6 fingers

Weight 10 lbs

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

BALTIMORE, MD.
NOV 2 1889
REGISTRAR

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15843

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 19 1889
4. Place of Birth, (Street and Number) 312 President St.
5. Full Name of Mother, Mary Ann Corcoran
6. Mother's Maiden Name, Stapleton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Corcoran
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Weiss

Address, 1427 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 19 1889
4. *Place of Birth, (Street and Number)* Castle st 22
5. *Full Name of Mother,* Mary Arnheim
6. *Mother's Maiden Name,* Springer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jack Springer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address,

Remarks, Washington 205

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 19th 1889.
4. *Place of Birth, (Street and Number)* 905 N. Bond st
5. *Full Name of Mother,* Nellie V. Gordon
6. *Mother's Maiden Name,* " " Constance
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John G. Constance
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mary Walter

Address, 303 N. Caroline st

Remarks,

BALTIMORE REPARTMENT OCT 21 1889

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15876

HEALTH DEPARTMENT, OCT 21 1889 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 19th 1889
4. *Place of Birth, (Street and Number)* No 2112 Bank St
5. *Full Name of Mother,* Mary J. Aarons
6. *Mother's Maiden Name,* C. Brinn
7. *Mother's Birthplace,* Smyrna, Delaware
8. *Full Name of Father,* Albert B. Aarons
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary H. Bowling

Address, No 812 N. Ann St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, October 19, 1889
4. Place of Birth, (Street and Number) 808 Luzerne St.
5. Full Name of Mother, Annie Connelly
6. Mother's Maiden Name, Annie Gosz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Connelly
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

BALTIMORE, MD.

OCT 25 1889

Health. This schedule shall contain a list of the births which have occurred under this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no [illegible] in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DELANY & CO. CITY [illegible]

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 19 1889
4. *Place of Birth, (Street and Number)* 1701 W Lexington St
5. *Full Name of Mother,* Bessie Elizabeth Ann Gardener
6. *Mother's Maiden Name,* Lawton
7. *Mother's Birthplace,* Lancashire Eng
8. *Full Name of Father,* Benton Lewis Gardener
9. *Father's Occupation,* Cigar Packer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return, Ira L Fetterhoff MD

Address, 1320 N Gilmor St

Remarks,

HEALTH DEPARTMENT, OCT 19 1889 BALTIMORE CITY

15898

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 19 — 1889.
4. Place of Birth, (Street and Number) 27 Hamburg st.
5. Full Name of Mother, Katie Diehl.
6. Mother's Maiden Name, Gampfer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Diehl.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 5th

1. *Sex, (state whether male or female)* male

15880

2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th of October
4. *Place of Birth, (Street and Number)* Truston Street 508
5. *Full Name of Mother,* ~~Catherine~~ Katie Bien
6. *Mother's Maiden Name,* Katie Denges
7. *Mother's Birthplace,* Australia
8. *Full Name of Father,* Henry Bien Jr
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Schoemann

Address, No 227 South Bond Street

Remarks,

BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Oct. 1889
4. Place of Birth, (Street and Number) 2052 Federal St. Neargate
5. Full Name of Mother, Mary Tiege
6. Mother's Maiden Name, Mary Sinclair
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gus. Tiege
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Magdalene Brown

Address, 1600 - 16 Chester

Remarks,

RECEIVED, OCT 22 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 22 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1882

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 19 84
4. Place of Birth, (Street and Number) No 322 S. Eden St.
5. Full Name of Mother, Minna Schmidt
6. Mother's Maiden Name, Ruppersberger
7. Mother's Birthplace, Germany
8. Full Name of Father, William Schmidt
9. Father's Occupation, Blacksmidt
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Krafft.

Address, No 405 S. Washington Sq.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. N 883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 19th 1889
4. *Place of Birth, (Street and Number)* # 1207 Mosher St
5. *Full Name of Mother,* Elizabeth J Switzer
6. *Mother's Maiden Name,* " " Duvall
7. *Mother's Birthplace,* Howard Co Md.
8. *Full Name of Father,* Jacob N Switzer
9. *Father's Occupation,* Paperhanging
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappellan St

Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15884

No. of Child of Mother, (*state whether* 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex*, (*State whether* ~~male~~ *or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*, 19th October 1889
4. *Place of Birth*, (*Street and Number*) 1120. Peach Alley
5. *Full Name of Mother*, Rose Ann Granger
6. *Mother's Maiden Name*, Rose Ann Kayser
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, George Francis Granger
9. *Father's Occupation*, North B. C. Rail Road
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Wunsch

Address, 820 Leadenhall St.

Remarks,

NOV 1 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lottie May Atchison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (State whether male or female) Female

2. Race or color; (if not of the white race) White.

3. Date of Birth, 20th of Oct. 1889

4. Place of Birth, (Street and Number) 423 E. Hughes St.

5. Full Name of Mother, Jennie Atchison

6. Mother's Maiden Name, Ellis Connell

7. Mother's Birthplace, France.

8. Full Name of Father, Robert Atchison

9. Father's Occupation, Cabinet

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Wunch

Address, 800 Leadenhall St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1A 15886

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 20th
4. *Place of Birth, (Street and Number)* 149 Montgomery St
5. *Full Name of Mother,* Mary Norwood
6. *Mother's Maiden Name,* Mary Morrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Belt Norwood
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Seadenhall St.

Remarks,

BALTIMORE CITY NOV 1 1888

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) ~~white~~ male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 20. 1889.
4. Place of Birth, (Street and Number) 113 Central Ave.
5. Full Name of Mother, Lea Lebowitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Lebowitz
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

Health, This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 1889
4. Place of Birth, (Street and Number) Baltimore Md Salem street 225
5. Full Name of Mother, Maggie Schmidt
6. Mother's Maiden Name, Maggie Herzog
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John C Schmidt
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary C Shokaery

Address, 612 Cumberland st E

Remarks, B in Md

OCT 24 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 13889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* October the 20th
4. *Place of Birth, (Street and Number)* Baltimore Marshal St 1518
5. *Full Name of Mother,* Bitha Leonard
6. *Mother's Maiden Name,* peast
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christafure Leonard
9. *Father's Occupation.* Japaning
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 Light St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 20 — 1889.
4. Place of Birth, (Street and Number)	809 Brogunder Alley
5. Full Name of Mother,	Minnie Birx.
6. Mother's Maiden Name,	Wagner.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Christian Birx.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasker. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. In the case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 11-4-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine Brocklander

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child A 1589

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 20th 1889

4. Place of Birth, (Street and Number) S. Spring St No 413

5. Full Name of Mother, Katharina Brocklander (Brucklander)

6. Mother's Maiden Name, Katharina Felder

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Brocklander (Brucklander)

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

OCT 29 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall be [illegible] person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1589

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	october the 20 th
4. *Place of Birth, (Street and Number)*	Baltimore alley St 1413
5. *Full Name of Mother,*	ida E Butler
6. *Mother's Maiden Name,*	Dudson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	george w Butler
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathers
Address,	1514 light st
Remarks,	

OCT 27 1892

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 22 1889 BALTIMORE MD.

15813

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. Sex, (*state whether male or female*)

2. Race or color, (*if not of the white race*)

3. Date of Birth, 10. 20. 89

4. Place of Birth, (Street and Number) 403 Pine

5. Full Name of Mother, Mrs. Eliz. Levy.

6. Mother's Maiden Name. Dorsey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry E. Levy

9. Father's Occupation, Work Worker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Lewis M. Eastman

Address, 772 W. Lexington St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. C. DULANY & CO., CITY PRINTERS, BALTIMORE.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 22 1889
BALTIMORE MD.

A. 15894

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, October 20th, 1889

4. Place of Birth, (Street and Number) No 1533 Jefferson Street

5. Full Name of Mother, Mrs. Annie Louisa Humphreys

6. Mother's Maiden Name, Miss Annie C. Johnson

7. Mother's Birthplace, Washington D. C.

8. Full Name of Father, Mr. Henry B. Humphreys

9. Father's Occupation, Clerk, Post Office

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Claudius, M.D.

Address, 1700 E. Fayette St. Cor. Broadway

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophie Wilhelmina — Kunning 15895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. d.

1. Sex, (state whether male or female) male: female n
2. Race or Color, (if not of the white race) white
3. Date of Birth, October: of. 20, 1889
4. Place of Birth, (Street and Number) 849. Hennrietta: Str.
5. Full Name of Mother, Hennrietta Kunning.
6. Mother's Maiden Name, Hennrietta Dickmann
7. Mother's Birthplace, Germany.
8. Full Name of Father, Herrmann Kunning.
9. Father's Occupation, Shumaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. 3. Hennrietta Str II

Address, Auguite Bosien. I

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 L 15896

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colord
3. Date of Birth, october the 20
4. Place of Birth, (Street and Number) green st 804
5. Full Name of Mother, Maggy Riley
6. Mother's Maiden Name,
7. Mother's Birthplace, Queensons County
8. Full Name of Father, Willaim Johnson
9. Father's Occupation, labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Sarrah Jane Wilson

Address, No 115 Hurey st

Remarks,

HEALTH DEPARTMENT, OCT 28 1889 BALTIMORE CITY

register of such birth, and shall enter a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or practitioner of midwifery, or should no other person such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of and child to report its birth to the Commissioner of Health, in the manner and within the period above required; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct
4. Place of Birth, (Street and Number) 1226 Canton St
6. Full Name of Mother, Antoinena Desch
5. Mother's Maiden Name, " " Moraski
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Moraski
9. Father's Occupation, Rail Road
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs P. Liersemann

Address, 1225 Hare Street.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 158498

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 20 1889
4. *Place of Birth, (Street and Number)* Park st 624
5. *Full Name of Mother,* Sapeae Halal
6. *Mother's Maiden Name,* Kamplan
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Frank Kamplal
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address,

Remarks, Washington 205

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-9-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence Weber Brady

15899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race)
3. Date of Birth. Oct. 20th 1889
4. Place of Birth, (Street and Number) 856 Columbia Ave.
5. Full Name of Mother, Carry Brady
6. Mother's Maiden Name, Carry Mollen
7. Mother's Birthplace, Maryland.
8. Full Name of Father, John J. Brady
9. Father's Occupation, Fireman.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. T. M. Lumpkin M.D.

Address, 640 W. Barre St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 20th 1889 1:33 AM
4. Place of Birth, (Street and Number) Waterside
5. Full Name of Mother,
6. Mother's Maiden Name, Gertie Wallace
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William J. Todd M.D.

Address, Rec Phy Waterside

Remarks, Admitted in Labor 5:45 AM 20th

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the owner or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th Oct 1889
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mary Dixson
6. *Mother's Maiden Name,* Mack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Dixon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yerwell

Address, 516 Fort Ave

Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15902

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Oct 25th
4.	*Place of Birth, (Street and Number)*	1227 Holland St.
5.	*Full Name of Mother,*	Annie Martin
6.	*Mother's Maiden Name,*	" Mallory
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Wm Martin
9.	*Father's Occupation,*	Musician
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Koch
	Address,	114 S Bond St.
	Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, on the first and third day of each and every month to the office of the Commissioner of Health. If there shall not any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-15-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Walter — Miller Jch

A 15903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 20, 1889
4. *Place of Birth, (Street and Number)* 400 Arsynick st
5. *Full Name of Mother,* Elizabeth Miller
6. *Mother's Maiden Name,* " Pflug
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Gren Grocer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDiff

Address, 2 & 8 Arsynick st

Remarks,

REGISTRAR OF VITAL STATISTICS NOV 2 1889 BALTIMORE CITY

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st twins

1. *Sex (state whether male or female),* both Males
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 21st 1890
4. *Place of Birth (Street and Number),* 618 N Caroline St
5. *Full Name of Mother,* Maggie A Bell
6. *Mother's Maiden Name,* Maggie A Stiffon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm E Bell
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1718 E Chase St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octr. 21. 1889.
4. *Place of Birth, (Street and Number)* 507 W. Hoffman
5. *Full Name of Mother,* Catie J. Smith
6. *Mother's Maiden Name,* McGovern
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph A. Smith.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian, M.D.

Address, 1821 Madison Ave

Remarks,

HEALTH DEPARTMENT OCT 30 1889 BALTIMORE, MD.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 5906

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 21st October 1889
4. Place of Birth, (Street and Number) 593 Monumnre Street.
5. Full Name of Mother, Carrie Greaver
6. Mother's Maiden Name, Carrie Hinkle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charlie Greaver
9. Father's Occupation, Glass cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Casteen

Address, 213 E Heath St.

Remarks, Doing Well.

BALTIMORE, MD. NOV 14 1889

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15407

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 October
4. *Place of Birth, (Street and Number)*	Dallas st 421
5. *Full Name of Mother,*	Louis Sie
6. *Mother's Maiden Name,*	Louis Hay
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Jhon Sie
9. *Father's Occupation,*	Day Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Schuman
Address,	327 South Bond
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
		A 15908
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	21 Oct
4.	*Place of Birth, (Street and Number)*	813 N. Caroline st
5.	*Full Name of Mother,*	Elizebeth McCart
6.	*Mother's Maiden Name,*	" Stark
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Charles McCart
9.	*Father's Occupation,*	Plumber & Gasfitter
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
	Address,	940 N. Gay st
	Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form prescribed, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 21st
4. *Place of Birth, (Street and Number)* 1018 N. Dallas st
5. *Full Name of Mother,* Mary Krauss
6. *Mother's Maiden Name,* " Bauman
7. *Mother's Birthplace* Germany
8. *Full Name of Father,* Joseph Krauss
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 940 N. Gay st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the first [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (State whether male or female) Female

A. 15910

2. Race or color, (if not of the white race)

3. Date of Birth, Oct 21st 1889

4. Place of Birth, (Street and Number) 1004 Harford ave

5. Full Name of Mother, Mary Lewis

6. Mother's Maiden Name, " Maher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Lewis

9. Father's Occupation, Police Officer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. George B. Reynolds M.D.

Address, 711 N. Caldwell St

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, NOV 8 1889 BALTIMORE

THE J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 5 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 21. 1889.
4. Place of Birth, (Street and Number) Stemmers Ale.
5. Full Name of Mother, Jennie Reynolds
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tim Reynolds
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Ureden St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 7 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15912

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11.
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	October 21, 1889.
4. Place of Birth, (Street and Number)	1147 Hollis Lane.
5. Full Name of Mother,	C. Queen
6. Mother's Maiden Name,	C. Hinton
7. Mother's Birthplace,	New Orleans.
8. Full Name of Father,	A. Queen.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	M. A. Bibb
Address,	1245 E. Monument St. cor. Central Ave.
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 26 1889

A. 154 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 21, 1889.
4. Place of Birth, (Street and Number) No. 8 Lingwith st ext.
5. Full Name of Mother, Agatha Leach.
6. Mother's Maiden Name, Agatha Sigmund.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Leach.
9. Father's Occupation, Tinner.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. A. Elwell M.D.

Address, 1711 Hanford ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15914

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 21st 1889. 11 10 P.M.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name Jessie Hall
7. Mother's Birthplace, Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Res Phy Maternite

Remarks,

NOV 2 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15915

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 21st
4. *Place of Birth, (Street and Number)* 2004 Canton Ave.
5. *Full Name of Mother,* Emily Limpert
6. *Mother's Maiden Name,* " Hagedore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Limpert
9. *Father's Occupation,* Carpentar
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ulrika Goetzke

Address, 114 S. Bond St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the [illegible] and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the [illegible] between the first and third day of each and every month to the office of the Commissioner of Health. [illegible] case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A-15916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 & Child
1. *Sex, (state whether male or female)*	Little Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	21st Oct 1889
4. *Place of Birth, (Street and Number)*	No 1011 Boyd st
5. *Full Name of Mother,*	Mrs. Mary Weaver
6. *Mother's Maiden Name,*	Miss M Decker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Weaver
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hillen
Address,	2127 west Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 21st 1889
4. *Place of Birth, (Street and Number)* 22 N. Green St
5. *Full Name of Mother,* Voneiff
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Voneiff
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Morris, M.D.

Address, 118 E. Franklin St.

Remarks,

HEALTH DEPARTMENT, OCT 21 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-16-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. Sex, (state whether male or female)	Male
2. Race or color, (if not of the white race)	Colored Race
3. Date of Birth,	Oct 21 1889
4. Place of Birth, (Street and Number)	1737 Mullikin st
5. Full Name of Mother,	Maria Johnson
6. Mother's Maiden Name.	Maria Baily
7. Mother's Birthplace,	Eastern shore
8. Full Name of Father,	Charles Johnson
9. Father's Occupation,	Labor
10. Father's Birthplace,	Eastern shore
Name of Medical Attendant, or other person who makes this Return.	Lucretia Woolford
Address,	432 S Regester St
Remarks,	

15918

HEALTH DEPARTMENT OCT 24 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., BOOK PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

A. 15919

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 21st 1 P. M. 1889
4. Place of Birth, (Street and Number) 324 S Wolfe St.
5. Full Name of Mother, Lizzie Virginia Sigmund
6. Mother's Maiden Name, S. V. Shammel
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas Sigmund
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, James E. Donnelly M.D

Address, 1701 E. Baltimore St.

Remarks,

OCT 23 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First — A 45920
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct — 21st 89
4. Place of Birth, (Street and Number)	637 Columbia Ave
5. Full Name of Mother,	Varina V. Wilson
6. Mother's Maiden Name,	Varina V. Winternitz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. Wilson
9. Father's Occupation,	Furniture Manufacturer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Joseph Blum
Address,	637 Columbia Ave.
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15921

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. d.
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	October: of. 21.
4. *Place of Birth, (Street and Number)*	15. South Poultney St.
5. *Full Name of Mother,*	Annie Mi: Kenen: Ho.
6. *Mother's Maiden Name,*	Annie Wolf.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Mi: Kenen.
9. *Father's Occupation,*	Labor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste Bozien.
Address,	3. Hennrietta: St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15922 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 21/89
4. Place of Birth, (Street and Number) No 305 S Eden St
5. Full Name of Mother, Sennie Dougherty
6. Mother's Maiden Name, Lenhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Dougherty
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St

Remarks,

NOV 9 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 15923

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21 89
4. Place of Birth, (Street and Number) 739 Forrest St.
5. Full Name of Mother, L. E. Smith
6. Mother's Maiden Name, L. E. Ball
7. Mother's Birthplace, Md.
8. Full Name of Father, J. W. Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson Md.

Address, 726 E. Preston St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 2 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15924

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 21st 1889
4. *Place of Birth, (Street and Number)* Fulton Ave 1410
5. *Full Name of Mother,* Isebell Swartz
6. *Mother's Maiden Name,* Isebell McCalister
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John G Swartz
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ol

1. Sex, (State whether male or female) Boy
2. Race or color, (if not of the white race)
3. Date of Birth, 21 October 1887
4. Place of Birth, (Street and Number) James Alley & 1110
5. Full Name of Mother, Minna Gruhn
6. Mother's Maiden Name, Minna Gruhn
7. Mother's Birthplace, Germania
8. Full Name of Father, Carl Gruhn
9. Father's Occupation, Labor
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Catherine Wunsch

Address, 800 Leadenhall St.

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner or midwife, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15926

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 22nd 1889.
4. *Place of Birth, (Street and Number)*	211 N. Paca St.
5. *Full Name of Mother,*	Mollie A. Raibr
6. *Mother's Maiden Name,*	Klemm.
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Albert G. Raibr
9. *Father's Occupation,*	Pharmacist
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	S. W. Veldner M. D.
Address,	S. E. Cor Caroline & Lager Sts
Remarks,	

health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

NOV

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15927

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 22nd
4. *Place of Birth, (Street and Number)*	1647 Lanvale & Spring st
5. *Full Name of Mother,*	Fresia Linnaman
6. *Mother's Maiden Name,*	" Sellengshoh
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernhardt Linneman
9. *Father's Occupation,**	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grooms
Address,	940 N. Gay st
Remarks,	

NOV 16 1887 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Col
3. Date of Birth,	Oct 22nd
4. Place of Birth, (Street and Number)	1714 Mc cubbins st
5. Full Name of Mother,	Dorah Kess
6. Mother's Maiden Name,	" Gillin
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	George Kess
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	946 N. Gay st
Remarks,	

A V5-928

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the [illegible] each and every month to the office of the Commissioner of Health. [illegible] birth of any child shall occur without the attendance of a physician or practitioner [illegible] person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] such child to report its birth to the Commissioner of Health, in the manner [illegible] the case may be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	October 22nd. 1889 Tuesday
4. *Place of Birth (Street and Number),*	632 S. Broadway
5. *Full Name of Mother,*	Tina Ipes
6. *Mother's Maiden Name,*	Tina Kissner
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Peter Ipes
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. J. Dashiell Jr. M.D.
Address,	700 S. Broadway
Remarks,	Born 2.30 P.M.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six A 1920

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Oct 11th 22 1889
4. Place of Birth (Street and Number), No 415 N Durham st
5. Full Name of Mother, Louisa Yorkman
6. Mother's Maiden Name, Louisa Harden
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William J. Yorkman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mondonnay

Address, No 424 N Register between orleans Jefferson

Remarks,

BOARD OF HEALTH BALTIMORE DEPARTMENT OCT 26 1889

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 15931

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Oct 22 1889
4. Place of Birth, (Street and Number) 210 Hamburg Street
5. Full Name of Mother, Emma G Sampson
6. Mother's Maiden Name,
7. Mother's Birthplace, Anne Rundel County
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Milly Gross

Address, No. 229 York Street

Remarks,

HEALTH DEPARTMENT, OCT 26 1889 BALTIMORE

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15932

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	Blk,
3. *Date of Birth,*	Oct. 22. 1889.
4. *Place of Birth, (Street and Number)*	932 Pierce St,
5. *Full Name of Mother,*	Hzzie Thompson,
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Unknown,
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M. D.
Address,	1007 W. Lanvale
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1593

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (State whether male or female) Girl
2. Race or color, (if not of the white race) Withe
3. Date of Birth, 22 Oktober
4. Place of Birth, (Street and Number) 1626 Them Street
5. Full Name of Mother, Stanislawa Fabiesak
6. Mother's Maiden Name, Lipinskie
7. Mother's Birthplace, Gnezen Germania
8. Full Name of Father, Peter Lipinskie
9. Father's Occupation, — — — — —
10. Father's Birthplace, Germaniu

Name of Medical Attendant, or other person who makes this Return, Marie Güttner

Address, 728 S. Wolfe Street.

Remarks, Gesund

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15934

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 22d 1889
4. *Place of Birth, (Street and Number)*	711 Williams Dr
5. *Full Name of Mother,*	Emma Reeder
6. *Mother's Maiden Name,*	Emma Cristow
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Amos Reeder
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H B Noble Mrs
Address,	301 Warren av
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NOV 9 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15935

NOV 8 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girle
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 22th 1889
4. *Place of Birth, (Street and Number)* Baltimore Hollins Street No 1017
5. *Full Name of Mother,* Philamena Weir
6. *Mother's Maiden Name,* Philamena Kanwood
7. *Mother's Birthplace,* St Mary Co.
8. *Full Name of Father,* William Weir
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* St Mary Co

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 15936

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 22d. 1889
4. *Place of Birth, (Street and Number)* Balto Md 534 W. Biddle St
5. *Full Name of Mother,* Mary E Minnis
6. *Mother's Maiden Name,* Mary E Clarke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John C Minnis
9. *Father's Occupation,* Cater
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Mary J Fossett

Address, 1021 Druid Hill ave

Remarks,

HEALTH DEPARTMENT NOV 5 1889 BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15937

HEALTH DEPARTMENT NOV 22 1889 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22nd 1889 9 25 AM.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Pierce
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Todd MD

Address, Presby Maternite

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Oct 22d 1889
4. *Place of Birth, (Street and Number)*	24 Plymouth Ave. W. Woodberry, Balt.
5. *Full Name of Mother,*	Margaret Eliza Warner
6. *Mother's Maiden Name,*	Margaret Eliza Russell
7. *Mother's Birthplace,*	Balt. Co. Md
8. *Full Name of Father,*	John W. Warner
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balt. Co. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower M. D.
Address,	119 - 3d Ave. Woodberry. Balt.
Remarks,	

WM. J. C. DULANY & CO.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15939

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 22 – 1889
4. Place of Birth, (Street and Number) 1215 Gough St.
5. Full Name of Mother, Minna Weisheit
6. Mother's Maiden Name, Funk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Weisheit
9. Father's Occupation, Trunk – Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, NOV 2 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15940

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 22 nd/89.

4. Place of Birth, (Street and Number) # 327 S. Payson St.

5. Full Name of Mother, Barbara Leonard

6. Mother's Maiden Name, " " " Baerselmiedt.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles L. Leonard

9. Father's Occupation, Bristle Worker.

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverible.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15941

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th, 6th (Twins)
1. Sex, (state whether male or female)	Male. Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	October 22/89. No: 923 Penna. Avenue
4. Place of Birth, (Street and Number)	
5. Full Name of Mother,	Wilhelmina Mannel
6. Mother's Maiden Name,	Schmidt
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Frederick Mannel
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, then the duty of the [illegible] other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, or other person authorized as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other forfeitures are recoverable.

BALTIMORE CITY OCT 23 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15442

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 22nd
4. Place of Birth, (Street and Number)	3025 Hudson St
5. Full Name of Mother,	Lizzie Buddemeier
6. Mother's Maiden Name,	Kalthof
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Buddemeier
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case [illegible] birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 23 1893

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15943

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 22nd
4. *Place of Birth, (Street and Number)* 206 S. Bethel St
5. *Full Name of Mother,* Lizzie Rau
6. *Mother's Maiden Name,* " Storch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rau
9. *Father's Occupation,* Brick-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ulrika Goetzke

Address, 114 S Bond St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 25 1909
BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. 15944

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22nd. 89.
4. Place of Birth, (Street and Number) 1110 W. Saratoga St.
5. Full Name of Mother, Annie Green
6. Mother's Maiden Name, Annie Houston
7. Mother's Birthplace, Dublin, Ireland
8. Full Name of Father, Geo. C. Green
9. Father's Occupation, Book-keeper
10. Father's Birthplace, London, England

Name of Medical Attendant, or other Person who makes this Return. W. C. Fuller M.D.

Address, 1203 W. Fayette St.

Remarks,

OCT 23 1889

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are by law recovered.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 7-19-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Henrietta Voneiff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth & 5th (Twins) 15945

1. Sex, (state whether male or female) Boy and girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22d 1889
4. Place of Birth, (Street and Number) 624 George St
5. Full Name of Mother, Voneiff
6. Mother's Maiden Name, Kneseley
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Charles G. Voneiff
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. John Morris, M.D.

Address, 118 E. Franklin St.

Remarks,

HEALTH DEPARTMENT OCT 22 1889

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	22, October, 1889
4. *Place of Birth, (Street and Number)*	710 Wordyear St
5. *Full Name of Mother,*	minnie Lemley
6. *Mother's Maiden Name,*	minnie Wallace
7. *Mother's Birthplace,*	A. A. County, Md
8. *Full Name of Father,*	Walter Wallace
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	A, A, County, Md
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1121 Saratoga St
Remarks,	

1A 15946

OCT 27 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1A 15947

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 22 1889
4. Place of Birth, (Street and Number) Havana ave 1803
5. Full Name of Mother, Mary Schran
6. Mother's Maiden Name, Stench
7. Mother's Birthplace, Bohoemen
8. Full Name of Father, Frank Stench
9. Father's Occupation, talar
10. Father's Birthplace, Bohoemen

Name of Medical Attendant, or other person who makes this Return. Mary Skopter

Address,

Remarks, Washington 205

NOV 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

15948

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Oct. 22nd
4. *Place of Birth, (Street and Number)*	1520 W. Fayette st.
5. *Full Name of Mother,*	Ruie G. Kemp
6. *Mother's Maiden Name,*	" " Leland
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Chas. E. Kemp
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

15949

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 22-89
4. Place of Birth, (Street and Number) 1721 Gough St.
5. Full Name of Mother, Louisa Levy
6. Mother's Maiden Name, " Stroh
7. Mother's Birthplace, America
8. Full Name of Father, Jacob H. Levy
9. Father's Occupation, Brush maker
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Frank C. Brassler

Address, 1713 Bank St.

Remarks,

HEALTH DEPARTMENT NOV 1 1889 BALTIMORE

[illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 15950

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22nd 1889
4. *Place of Birth, (Street and Number)* 338 S. Calhoun St
5. *Full Name of Mother,* E. H. Boldon
6. *Mother's Maiden Name,* E. H. Morter
7. *Mother's Birthplace,* Frederick city
8. *Full Name of Father,* Robbert P. Boldon
9. *Father's Occupation,* Brakeman B+O. R.R.
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, 339 S. Woodyear St

Remarks, Healthy child (Lotti Vaginia)

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NOV 4 1889
BALTIMORE

P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15451

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 22 day october
4. *Place of Birth, (Street and Number)* Baltimore 938 Warner street
5. *Full Name of Mother,* Florence Brown
6. *Mother's Maiden Name,* Florence Ross
7. *Mother's Birthplace,* Frederick City Md
8. *Full Name of Father,* George W Brown
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Bunge

Address,

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie May Geoghegan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 d Oct 1889
4. Place of Birth, (Street and Number) 408 Folsom St
5. Full Name of Mother, Martha (Geogatgen) Geoghegan
6. Mother's Maiden Name, (Geogatgen) Geoghegan
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father Augustus (Agustus) (Geogatgen) Geoghegan
9. Father's Occupation, Butcher
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gewell

Address, 516 Fort Ave

Remarks,

NOV 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A 1953

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22 1889
4. *Place of Birth, (Street and Number)* 1218 Myrtle Ave
5. *Full Name of Mother,* Alma Cahn
6. *Mother's Maiden Name,* Aylesworth
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* David Cahn
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks,

BALTIMORE CITY BOARD OF HEALTH RECEIVED NOV 1 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ad 15954

1. *Sex, (State whether ~~male~~ or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* October 22 th
4. *Place of Birth, (Street and Number)* 113 West fort av.
5. *Full Name of Mother,* Annie Kraft
6. *Mother's Maiden Name,* Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Kraft
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Cathrena Munch

Address, 800 Leadenhall St

Remarks,

HEALTH DEPARTMENT, NOV 1 1899 BALTIMORE

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 1 1889

A 1953

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~to~~ Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* ~~23~~ Oct. 21, 1889.
4. *Place of Birth, (Street and Number)* 2121 Division St.
5. *Full Name of Mother,* Annie Holland.
6. *Mother's Maiden Name,* Annie Kuhl.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Oliver S. Holland.
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Dubert, M.D.

Address, 1926 Penna. Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 31 1889
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — 15956

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23/89
4. Place of Birth, (Street and Number) 2121 E Balt
5. Full Name of Mother, Ida L Nachman
6. Mother's Maiden Name, " " Dias
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. N Nachman
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Thomas O'Sullivan M.D.

Address, 608 N Howard

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 15957

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 23th, 1889
4. *Place of Birth, (Street and Number)* 15 South Duncan alley
5. *Full Name of Mother,* Celia Bryne
6. *Mother's Maiden Name,* Queen
7. *Mother's Birthplace,* Queens ann Co Md
8. *Full Name of Father,* John Bryne
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Queens ann Co, Md

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, 22 McCubbin Street,

Remarks,

BALTIMORE

... of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, the report, its birth, to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... P. PIET & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15958

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 23rd 1889.
4. *Place of Birth, (Street and Number)* No 124 Forest St.
5. *Full Name of Mother,* Rosina Trombetta.
6. *Mother's Maiden Name,* Jacarino
7. *Mother's Birthplace,* Italy.
8. *Full Name of Father,* John Trombetta.
9. *Father's Occupation,* Fruit Dealer.
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Kilgeist

Address, #1038 E. Monument St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of such child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

OCT 29 1839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 1599

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 23
4. *Place of Birth (Street and Number)* 1028 Eutaw st
5. *Full Name of Mother* Kate Mullen
6. *Mother's Maiden Name* Kate Riordan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William J Mullen
9. *Father's Occupation* Horseshoer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Grey

Address 208 N Bond st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ella Ruhl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth A 15760

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23rd 1898
4. Place of Birth, (Street and Number) 1205 Pacca St.
5. Full Name of Mother, Kate A Ruhl
6. Mother's Maiden Name, Kate A Bailey
7. Mother's Birthplace, Harrisburg Pa.
8. Full Name of Father, George H. Ruhl
9. Father's Occupation, Engineer
10. Father's Birthplace, Harrisburg Pa.

Name of Medical Attendant, or other Person who makes this Return A E Watson

Address, 1301 N. Central Ave

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child A 1596 V

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) —
3. Date of Birth, October 23d 1889.
4. Place of Birth, (Street and Number) 16 E. Mc A. St "
5. Full Name of Mother, Victoria Gertrude Clark,
6. Mother's Maiden Name, " " Knell,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Patrick Joseph Clark,
9. Father's Occupation, Police,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. R. D. W. Tall. M.D.,

Address, 524 Sharp St.,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case any birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15962

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 23-89
4. *Place of Birth, (Street and Number)* Garrett Ave 1342
5. *Full Name of Mother,* Elise Kelch
6. *Mother's Maiden Name,* Schumacher
7. *Mother's Birthplace,* Strückhausen - Oldenburg
8. *Full Name of Father,* Georg Kelch
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Oldenburg

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, Garrett Ave 1363

Remarks, Locust Point

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 159/53

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23 1889
4. *Place of Birth, (Street and Number)* 910 W Franklin St
5. *Full Name of Mother,* Maggie E Brown.
6. *Mother's Maiden Name,* Maggie E Grove.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Olivar Brown.
9. *Father's Occupation,* Church sexton
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return W Wright MD

Address, 220 N Gilmor St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. 1964

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 23d / 89. 2.30. A. M.
4. Place of Birth, (Street and Number) 2130. W Fayette St.
5. Full Name of Mother, Jeannette Flannagan
6. Mother's Maiden Name, Jeannette Council
7. Mother's Birthplace, Talbott Co. Md.
8. Full Name of Father, John Flannagan
9. Father's Occupation, Builder
10. Father's Birthplace, Balti Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton M.D.

Address, 1136 Lexington St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. Civic Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born 23th Oct 1889
4. *Place of Birth, (Street and Number)* No 2219 Baltimore st
5. *Full Name of Mother,* Mrs Mamie Schroder
6. *Mother's Maiden Name,* Miss " Reitz
7. *Mother's Birthplace,* Born Baltimore
8. *Full Name of Father,* Mr John Schroder
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 west Pratt st

Remarks,

HEALTH DEPARTMENT, OCT 26 1889 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 4 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15966

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 23 1889
4. Place of Birth, (Street and Number) Chapple st 517
5. Full Name of Mother, Mary Hilman
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Hilman
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Martin

Address,

Remarks, Washington 25

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 23 1888
4. *Place of Birth, (Street and Number)* Warchington 613 J
5. *Full Name of Mother,* Hatteima Howa
6. *Mother's Maiden Name,* Maraver
7. *Mother's Birthplace,* Baltimer
8. *Full Name of Father,* John Maraver
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimer

Name of Medical Attendant, or other person who makes this Return. Mary Baptis

Address,

Remarks, Washington 205

NOV 4 1888

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male Martin 15468
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 October 1889
4. Place of Birth, (Street and Number) 910 Pratt street
5. Full Name of Mother, Auguste Knap
6. Mother's Maiden Name, Auguste Meurer
7. Mother's Birthplace, Bremen Germany
8. Full Name of Father, August Knap
9. Father's Occupation, Bar-keeper
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1 1889
BALTIMORE

A 15969

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 23 1889.
4. *Place of Birth, (Street and Number)* 209 Salem St.
5. *Full Name of Mother,* Rebecca Overdick.
6. *Mother's Maiden Name,* Rebecca Freyer.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Overdick.
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* York Pa.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Burbert, M.D.

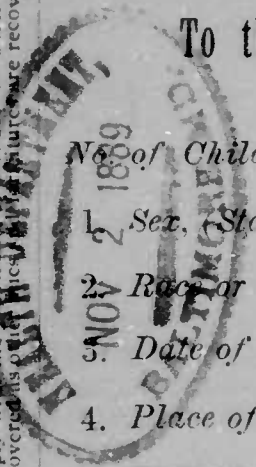
Address, 1926 Penna. Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (State whether male or female)	female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	October the 23 1889
4. Place of Birth, (Street and Number)	Pratt St No 1849
5. Full Name of Mother,	Laura V Whitehurst
6. Mother's Maiden Name,	Laura V Shipley
7. Mother's Birthplace,	Howard Co Md
8. Full Name of Father,	Edward M Whitehurst
9. Father's Occupation,	Barber
10. Father's Birthplace,	Norfolk Va
Name of Medical Attendant, or other person who makes this Return,	Mrs S. Kelley
Address,	1022 Wilkens Ave
Remarks,	

A 1540

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like nature are recoverable.

WM J C BULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-11-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Alvina Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 15471 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of October - 1889
4. Place of Birth, (Street and Number) 315 Forest St
5. Full Name of Mother, Bovia Schmidt
6. Mother's Maiden Name, Bovia Gastin
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Schmidt
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Heuler Midwife

Address, 2116 West Pratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person occupying apartments of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 1 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 A. 1594

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Octo 24 = 1888
4. *Place of Birth, (Street and Number)* # 2316 Boston st
5. *Full Name of Mother,* Ema Cole
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Cole
9. *Father's Occupation,* Laboer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, No 924 Binnie st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 30 1889

A 1597 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 24. 89
4. *Place of Birth, (Street and Number)* 1508 Orleans St.
5. *Full Name of Mother,* Emma Lapp
6. *Mother's Maiden Name,* ~~Berends~~ Berends
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Geo. W. Lapp
9. *Father's Occupation,* Clerk,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Caroline ~~Md~~ Miller

Address, 1605 Walker St Balto. Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 12 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15974

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24th 1889
4. Place of Birth, (Street and Number) William st no 1219
5. Full Name of Mother, Maggie Heilmann
6. Mother's Maiden Name, Maggie Groh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Heilmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R. T. Tully

Address, no 1828 Light st

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15975

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Oct 24 1884
4. *Place of Birth, (Street and Number)*	404 Register St
5. *Full Name of Mother,*	Lizzie Williams
6. *Mother's Maiden Name,*	Lizzie Tolbs
7. *Mother's Birthplace,*	Lancaster Co Pa
8. *Full Name of Father,*	James Williams
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Lancaster Co Pa
Name of Medical Attendant, or other person who makes this Return.	Lucinda Wolford
Address,	432 S Register St
Remarks,	

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 15976

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colon
3. Date of Birth, 24
4. Place of Birth, (Street and Number) Millilon St no 178
5. Full Name of Mother, Laura Jones
6. Mother's Maiden Name, Laura Wilcks
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Charl A Jones
9. Father's Occupation, day laber
10. Father's Birthplace, Newyark

Name of Medical Attendant, or other person who makes this Return.

Address, H H Smith Aubel Ary St 1516

Remarks,

HEALTH DEPARTMENT OCT 30 1889 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child. 1897

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 24
4. *Place of Birth, (Street and Number)* #122 Old York Road Waverly
5. *Full Name of Mother,* Mary Hart
6. *Mother's Maiden Name,* Mary Wilson
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* James P. Hart
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Ina Harriet Blatchley

Address, 114 Old York Road Waverly

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15978

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 12th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Octo, 24th 655 PM
4. Place of Birth, (Street and Number) 210 N Eutaw St
5. Full Name of Mother, Elenora Ebenhack, "Aged 36"
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Pa
8. Full Name of Father, Christopher Ebenhack
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. A Gregg Thompson Md

Address, 1102 E Balto St

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 15979

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 24 1889
4. Place of Birth, (Street and Number) 1344 N. Bond
5. Full Name of Mother, Kate Hoddinott
6. Mother's Maiden Name, " McDonald
7. Mother's Birthplace, Md
8. Full Name of Father, John Wesley Hoddinott
9. Father's Occupation, Carriage Manufacturer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. David Sheets MD

Address, 403 N. Eden St.

Remarks,

NOV 9 1889

SECTION 7.—And be it further enacted and ordained that every person practicing, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A 15980

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 24, 1889.
4. *Place of Birth, (Street and Number)* 1237 E. Eager St.
5. *Full Name of Mother,* L. Wiezel
6. *Mother's Maiden Name,* L. Halbach.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* E. Wiezel.
9. *Father's Occupation,* Labrer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt.

Address, 1245 E. Monument St. for Central ave

Remarks, All Well.

HEALTH DEPART NOV 7 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15981

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 24th/89.
4. Place of Birth, (Street and Number) #1225 Lemon St.
5. Full Name of Mother, Mary. R Clarke
6. Mother's Maiden Name, " " Jewell
7. Mother's Birthplace, Annapolis.
8. Full Name of Father, Chas L. Clarke
9. Father's Occupation, Government Printing. Washn D. C.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner.

Address, #106 S. Monroe St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 24/89
4. *Place of Birth, (Street and Number)*	No 1914 Bank St
5. *Full Name of Mother,*	Maggie Horn
6. *Mother's Maiden Name,*	Eder
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gusy Horn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Krakt
Address,	No 905 S. Washington St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th October
4. Place of Birth, (Street and Number) Baltimore MD. 1519 Estern Ave
5. Full Name of Mother, Ester Goodman
6. Mother's Maiden Name, Pulvermacher
7. Mother's Birthplace, Germany
8. Full Name of Father, Salomon Goodman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. [illegible]

Address, 1829 E. Patt St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] Peitures are recoverable.

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

PM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15484

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct. 24-th 1889.
4. Place of Birth, (Street and Number) #1312 Edison St.
5. Full Name of Mother, Anny J. Spies.
6. Mother's Maiden Name, " " Shaney.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Augustus Spies.
9. Father's Occupation, Travelling Salesman.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Hellegeist

Address, #1838 E. Monument St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15985

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (~~state whether male or~~ female)*
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 10.24.89
4. *Place of Birth, (Street and Number)* 770 Waesche St.
5. *Full Name of Mother,* Ella Turner
6. *Mother's Maiden Name,* Freeland.
7. *Mother's Birthplace,* Anne Arundle Co. Md.
8. *Full Name of Father,* Richard Turner.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Lillie Eastman

Address, 772 W. Lexington St

Remarks, Natural labor

HEALTH DEPARTMENT OCT 25 1889 BALTIMORE MD.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the rents and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Joseph Gaulger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 1986

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Oct. 24th 1889
4. Place of Birth (Street and Number), 902 Clifton Place
5. Full Name of Mother, Mrs Katie Gaule
6. Mother's Maiden Name, " McCann
7. Mother's Birthplace, Ireland
8. Full Name of Father, John J. Gaule
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Tibbs

Address, 918 Clifton Place

Remarks,

SECTION 1.—And be it further ordained and ordained that every person practicing [illegible] more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 24th 1889

4. *Place of Birth, (Street and Number)* 504 Preston St.

5. *Full Name of Mother,* Mary Hess.

6. *Mother's Maiden Name,* Mary Hess.

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 689 Franklin St.

Remarks, The mother in this case is unmarried.
If it is not usual to give certificate in such cases this may be destroyed.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d A 15788
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Oct 24 - 89 -
4. *Place of Birth (Street and Number),*	601 Dunstan St.
5. *Full Name of Mother,*	Henrietta Steinberg
6. *Mother's Maiden Name,*	Henrietta Young
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Frederick Steinberg
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Wm F. Smith M D
Address,	City Hospital
Remarks,	Not present at birth.

NOV 4 1889

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12. D. A 5989
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	October: 24.
4. Place of Birth, (Street and Number)	1024. Charles: St.
5. Full Name of Mother,	Marie Wunder.
6. Mother's Maiden Name,	Marie Koeth.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Wunder.
9. Father's Occupation,	Tailor.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Auguste: Bosien.
Address,	3. Hennriette: St.
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1889
9

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martin Albert Vorrath

No. of Child of Mother, (state whether 1st, ~~2d~~ 3d, &c.) A. 15990

1. Sex, (State whether male or ~~female~~)
2. Race or color, (if not of the white race)
3. Date of Birth, 24 Oktober 1889
4. Place of Birth, (Street and Number) Hanover St N 928
5. Full Name of Mother, Dorothea ~~Dori~~ Vorrath
6. Mother's Maiden Name, " ~~Hager~~ Dorothea Meyer
7. Mother's Birthplace, Germania
8. Full Name of Father, Andrew Vorrath
9. Father's Occupation, Cimenter
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Cathrina Wagner

Address, 808 Leadenhall St.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT NOV 1 1889 REGISTRATION OFFICE

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-20-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Charles Muller A 15991

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1889 – 24th of October
4. Place of Birth, (Street and Number) 306 Schmalwood St
5. Full Name of Mother, Margaretha Müller
6. Mother's Maiden Name, Margaretha Kaus
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Müller
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederiche Keuler Midwife

Address, 2116 West Pratt St

Remarks,

HEALTH DEPARTMENT, NOV 1 1889 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15992

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of October
4. Place of Birth, (Street and Number) 2.100 West Pratt St
5. Full Name of Mother, Henrieta Schultz
6. Mother's Maiden Name, Henrieta Hees.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schultz
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friedericke Keuler Midwife

Address, 2116 West Pratt Str

Remarks,

HEALTH DEPARTMENT, NOV 1 1899 BALTIMORE

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 A 15993

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* October 24
4. *Place of Birth, (Street and Number)* 400 Charles Stret
5. *Full Name of Mother,* Fanny Hasse
6. *Mother's Maiden Name,* Grüther
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hasse
9. *Father's Occupation,* Saloon-Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Katherina Munsch

Address, 800 Leadenhall St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	M
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Oct 25th 1889
4. Place of Birth (Street and Number),	Alley in rear of North Av, Comes stable
5. Full Name of Mother,	Carrie Banks
6. Mother's Maiden Name,	?
7. Mother's Birthplace,	?
8. Full Name of Father,	John Wesley Banks
9. Father's Occupation,	Coachman
10. Father's Birthplace,	?
Name of Medical Attendant, or other person who makes this Return.	R. Winslow
Address,	1 Mt Royal Terrace
Remarks,	

OCT 31 1889

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 15995

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NOV 13 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Oct 25th 1st
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 25th
4. *Place of Birth, (Street and Number)*	1812 Bruns st
5. *Full Name of Mother,*	Mary Bouchat
6. *Mother's Maiden Name,*	" Reichert
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Bouchat
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	C. L. Baddenhorn
Address,	418 S. Paca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 15996

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 25th
4. Place of Birth, (Street and Number) 156½ N Gay St
5. Full Name of Mother, Catherine Henewald
6. Mother's Maiden Name, " Metzger
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Henewald
9. Father's Occupation, Bottler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groomy

Address, 940 N. Gay St

Remarks,

BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 15997

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 25 1889
4. *Place of Birth, (Street and Number)* 13. Wan St
5. *Full Name of Mother,* Nellie Scott
6. *Mother's Maiden Name,* " Wollin
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return A. Tinsley M.D.

Address, 2029 St Paul St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 3/7/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Richard Simms

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. A 15498

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25, 1889.
4. Place of Birth, (Street and Number) No. 1843 Hanford ave
5. Full Name of Mother, Maggie Simms.
6. Mother's Maiden Name, Maggie E Clements.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Edward Simms.
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Aug. L. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

HEALTH DEPARTMENT DEC 2 1889 FILED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS OCT 29 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d / 24 " A. 15999

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 25 " 89
4. Place of Birth, (Street and Number) 2205 Hilton Ave
5. Full Name of Mother, Emma Reese Rudder
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edward Rudder
9. Father's Occupation, Photographer
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. S. S. Ullrich M.D.

Address, Pratt & Stricker Sts.

Remarks, Instrumental.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1/16000

NOV 5 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 25th 1889
4. Place of Birth, (Street and Number) 314 Allemorle Str
5. Full Name of Mother, Annie Rachefood
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Rachefood
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16001

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 25/889
4. *Place of Birth, (Street and Number)*	565 Monument St.
5. *Full Name of Mother,*	K. Kreamer.
6. *Mother's Maiden Name,*	K. Fister
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	G. Kreamer.
9. *Father's Occupation,*	Iron Holder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	Still Born.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner duly authorized, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16002

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 25 1886
4. Place of Birth, (Street and Number) Washington st 416
5. Full Name of Mother, Antonie Oberber
6. Mother's Maiden Name, Hurt
7. Mother's Birthplace, Bohemien
8. Full Name of Father, Charles Hewit
9. Father's Occupation, Tailor
10. Father's Birthplace, Boheimen

Name of Medical Attendant, or other person who makes this Return. Mary Skoptis

Address,

Remarks, Washington 416

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16003

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 25 1889
4. *Place of Birth, (Street and Number)* Am st 1011
5. *Full Name of Mother,* tanno Nova
6. *Mother's Maiden Name,* moshejdu
7. *Mother's Birthplace,* Bohiemen
8. *Full Name of Father,* Stepan Moshijdu
9. *Father's Occupation,* talor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return. Mary Skopitz

Address,

Remarks, Washington 205

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16004

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Oct 25th 189
4. Place of Birth, (Street and Number) 811. W Lombard St.
5. Full Name of Mother, Grace B. Kennard,
6. Mother's Maiden Name, Grace B. Waidner.
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, Edward M. Kennard.
9. Father's Occupation, Accountant,
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Frozer Md.

Address, 662 W Lexington St.

Remarks,

HEALTH DEPARTMENT OCT 27 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16005

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex (state whether male or female), Male.
3. Race or Color (if not of the white race), White
4. Date of Birth, Oct 25-
5. Place of Birth (Street and Number), 814 Shute St-
6. Full Name of Mother, Louise Bittel
7. Mother's Maiden Name, Pfister
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph Bittel
10. Father's Occupation, Shoe business
11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm. Scarborough

Address, 12 E. Montgomery St-

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16006

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 25" 1889
4. Place of Birth (Street and Number),	#625. Third Ave
5. Full Name of Mother,	Effie Jane Clough
6. Mother's Maiden Name,	Cook
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Albert Clough
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	D. S. Williams M.D.
Address,	#244 Carroll St
Remarks,	Woodberry Md.

OCT 27 1889

Sec. 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents, relatives of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1A 16007

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~February~~ October 25th 1889
4. Place of Birth, (Street and Number) 4 S Poppleton St
5. Full Name of Mother, Margie L. Bentz
6. Mother's Maiden Name, Margie Kavanaugh
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. Bentz
9. Father's Occupation, Barber
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Miss Hunter

Address, 23 S Poppleton St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner aforesaid. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A. 16008

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, October 25th 1889.
4. Place of Birth, (Street and Number) 1523, Light St.
5. Full Name of Mother, Ann Catherine Nevaker.
6. Mother's Maiden Name, " " Eckhardt.
7. Mother's Birthplace, Balto. City "
8. Full Name of Father, George Wm. Nevaker.
9. Father's Occupation, Harness Maker "
10. Father's Birthplace, Balto. City "

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

6009

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 28 1889
4. Place of Birth, (Street and Number) Baltimore Md No 10 East Street
5. Full Name of Mother Mary C Harris
6. Mother's Maiden Name Mary C Jones
7. Mother's Birthplace Sweet Hill Md
8. Full Name of Father George L Harris
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Campbell

Address 1401 Union Alley near Eden

Remarks Doingwell

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Grace Virginia Gibson

No. 16014

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Oct 25, 1889
4. Place of Birth, (Street and Number)	Boyd St 1007
5. Full Name of Mother,	Alice E Gibson
6. Mother's Maiden Name,	Alice E Blakley
7. Mother's Birthplace,	Balto County
8. Full Name of Father,	Joseph A Gibson
9. Father's Occupation,	R R Conductor
10. Father's Birthplace,	Balto County
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Selbeck
Address,	No 735 W Pratt St
Remarks,	

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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A 1601

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 25th of Oct.
4. *Place of Birth, (Street and Number)* Balt. C. Baltimore St No 2119
5. *Full Name of Mother,* Bedie Wader
6. *Mother's Maiden Name,* Bedie Petterson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Bed Wader~~ Theodor Wader
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Josa. Krueger.

Address, No. 2321 E. Fayette St Balt. Md.

Remarks,

J. D. ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

A. 16012

2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Oct. 26/89
4. *Place of Birth, (Street and Number)* 505 S. Chester
5. *Full Name of Mother,* Sophia M. Dykeman
6. *Mother's Maiden Name,* " " Meyer
7. *Mother's Birthplace,* Bc.
8. *Full Name of Father,* Wm. Dykeman
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. G. L. Wilkins

Address, G. M. E.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Orig

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 16013

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Oct. 26 - 1889
4. Place of Birth (Street and Number), 2002 E. Lombard st,
5. Full Name of Mother, Elisabeth Goldbeck
6. Mother's Maiden Name, Elisabeth Harbecke
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Henry Goldbeck
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. P. G. Dausch

Address, 1727 E. Balto. st.

Remarks, Full name of child—Elizabeth Goldbeck

OCT 31 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16014

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* October 26. 1889
4. *Place of Birth (Street and Number),* 1117 morris aley
5. *Full Name of Mother,* Mary Garrett
6. *Mother's Maiden Name,* Mary Squirrell
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Abraham Garrett
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mary. ann. mason.

Address, No. 537. walnut. aley

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mattie Estelle — Wontisseth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. IV 16015

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Octr. 26. 1889.
4. Place of Birth, (Street and Number) 201 Francis St.
5. Full Name of Mother, Teresa Lily Wontisseth
6. Mother's Maiden Name, Weaver
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Joseph Emanuel Wontisseth
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian, M.D.

Address, 1821 Mad. Ave.

Remarks, GIVEN NAME ADDED 5-5-54

N.M.

OCT 30 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16016

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 26th 1889
4. Place of Birth, (Street and Number)	Light St No 1153
5. Full Name of Mother,	Elizabeth Obrecht
6. Mother's Maiden Name,	Elizabeth Shumacher
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Paul Fredk Obrecht
9. Father's Occupation,	Dealer in Flour and Feed
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Tully
Address,	No 1828 Light St
Remarks,	doing well

NOV 12 1889

BALTIMORE, MD.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 16017
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Octo. 26th 1889
4. *Place of Birth, (Street and Number)*	# 722 W. Barre st
5. *Full Name of Mother,*	Ellen C. Hopley
6. *Mother's Maiden Name,*	nee Pickett, nee Smith
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Sam'l Hopley
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 16 1905

A 16018

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 26th
4. *Place of Birth, (Street and Number)*	1151 Mc Elderry st
5. *Full Name of Mother,*	Julia Schroeder
6. *Mother's Maiden Name,*	" Wernecke
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Ernest Schroeder
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	1404 E. Bay st
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2nd~~ 1st

A 16019

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 26/889
4. Place of Birth, (Street and Number) 1928 Etting st
5. Full Name of Mother, Hannah Johnson
6. Mother's Maiden Name, Hannah Hawkins
7. Mother's Birthplace, Talbott Co. Md.
8. Full Name of Father, James. H. Johnson
9. Father's Occupation, Laboring man
10. Father's Birthplace, Kent Co. Md

Name of Medical Attendant, or other person who makes this Return. Sarah P Billings

Address, 1610 Vincent avenue near Baker

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16070

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 26
4. *Place of Birth (Street and Number),* 1032 Leadenhall St
5. *Full Name of Mother,* Mary Norton
6. *Mother's Maiden Name,* Mc Mahon
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Norton
9. *Father's Occupation,* Iron moulder
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return. Mrs. Seabrough

Address, 1- Montgomery St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Griffin Henderson 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

A. [illegible]

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26 1889
4. Place of Birth, (Street and Number) 1245 N. Broadway
5. Full Name of Mother, Chaney Henderson
6. Mother's Maiden Name, Griffin
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. F. Henderson
9. Father's Occupation, Cotton Broker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M.D

Address, 1003 N. Bway

Remarks, GIVEN NAME ADDED. 11-23-54 LG

OCT 27 1889

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a [illegible] practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Lee Wiest

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male — E. 16022
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26th '89
4. Place of Birth, (Street and Number) 410 N Mount St
5. Full Name of Mother, Nellie ~~(Wiest)~~ Wiest
6. Mother's Maiden Name, Nellie Read
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A ~~Wiest~~ Wiest
9. Father's Occupation, Expressman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W.W. Wright MD

Address, CERTIFICATE CORRECTED 10-13-53 220 N Fulton St

Remarks,

NOV 27 1889

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16023

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26th. 89
4. *Place of Birth, (Street and Number)* 224 E Montgomery St
5. *Full Name of Mother,* Lida J. Bowen
6. *Mother's Maiden Name,* Lida J Dempsey
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Benson O. Bowen
9. *Father's Occupation,* Superintendent of Guano Works
10. *Father's Birthplace.* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return N. S. Wright M.D.

Address, 220 N Gilmor St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 29 1889 BALTIMORE, MD.

A 16024

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Collard Child
3. Date of Birth, October 26 1889
4. Place of Birth, (Street and Number) 405 State St
5. Full Name of Mother, Susan Smith
6. Mother's Maiden Name, Susan Robberson
7. Mother's Birthplace, Essex County Va
8. Full Name of Father, Samuel B Smith
9. Father's Occupation, Porter Book Bindry
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Sarrah Dovall 213 Jasper St

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edward Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 16/89
4. *Place of Birth, (Street and Number)* 1511 E. Townsend
5. *Full Name of Mother,* Mrs. David Williams
6. *Mother's Maiden Name,* Miss L. Chalk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Williams
9. *Father's Occupation,* Car Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Schultz M.D.

Address, 1431 N. Bond St.

Remarks,

A 16025

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or [illegible] of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16026

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Oct 26 89
4. *Place of Birth, (Street and Number)* 1416 La Fayette Ave
5. *Full Name of Mother.* Anna White
6. *Mother's Maiden Name,* Anna Hartman
7. *Mother's Birthplace,* Smyrna Del.
8. *Full Name of Father.* Lee A White
9. *Father's Occupation,* Carpenter & Builder
10. *Father's Birthplace.* Accomac Co. Va.

Name of Medical Attendant, or other Person who makes this Return Wainwright MD

Address, 220 W. Lemmon St

Remarks,

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DURANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl — 16027
2. Race or color, (if not of the white race) White
3. Date of Birth, #1439 Eastern Ave. [II]
4. Place of Birth, (Street and Number) 2. Okt. 1889. [I]
5. Full Name of Mother, Dorothea Krumeneck
6. Mother's Maiden Name, " " Koestner
7. Mother's Birthplace, Darmstadt. (Hessen)
8. Full Name of Father, Geo. Koestener
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Waldershausen. Sachsen

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Buehler, Midwife
1817. E. Lombardstr.

NOV 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16028

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 Feb. 26 Union Avenue
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary Quinn
6. Mother's Maiden Name, Dowd
7. Mother's Birthplace, Galway Ireland
8. Full Name of Father, Thomas Dowd
9. Father's Occupation, driver
10. Father's Birthplace, County Roscommon

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Eutaw St.

Remarks,

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White — E 1602 9
3. Date of Birth, Saturday Oct 26th 1889
4. Place of Birth, (Street and Number) 1015 W. Lanvale St
5. Full Name of Mother, Elizzebeth Lanahan
6. Mother's Maiden Name, " " Buhl
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Dennis Lanahan Jr
9. Father's Occupation, Baker Stock & Junk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 231 Payne St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank Schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. #6030

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 26/89
4. Place of Birth, (Street and Number) No 2035 Canton Alley
5. Full Name of Mother, Louise Glook
6. Mother's Maiden Name, Bigheimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Glook
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 6031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, October 26th 1889
4. Place of Birth (Street and Number), 707 N. Mount St
5. Full Name of Mother, Sarah E. Riale
6. Mother's Maiden Name, Dougherty
7. Mother's Birthplace, Woodbury Balt Co. Md
8. Full Name of Father, John R Riale
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. E McGree Md

Address, 602 N. Carey St

Remarks, 3rd Girl & no Son

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Third Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	Colored A. 16032
3. *Date of Birth,*	Oct. 26. 1889
4. *Place of Birth.* (*Street and Number*)	313 Montgomery Street
5. *Full Name of Mother.*	Martha Harris
6. *Mother's Maiden Name,*	Martha Mason
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Harris
9. *Father's Occupation,*	B & O railroad Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann. Brown
Address,	827 China Street
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 160,33

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	2 Second Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	Oct 26/1889 ~~805 China Street~~
4. *Place of Birth,* (*Street and Number*)	805 China Street
5. *Full Name of Mother,*	Carrie Collins
6. *Mother's Maiden Name,*	Carrie Diggs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walker Collins
9. *Father's Occupation,*	Oyster shucker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Sarah Ann Brown
Address,	827 China Street
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16034

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct 26. 1809
4. *Place of Birth, (Street and Number)* 813 Emsor 4 –
5. *Full Name of Mother,* Elizabeth Davis
6. *Mother's Maiden Name,* Elizabeth Ferner
7. *Mother's Birthplace,* Balti.
8. *Full Name of Father,* Henry C. Davis
9. *Father's Occupation,* Brass Moulder
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return. David Shelton MD

Address, 403 N. Eden St.

Remarks,

NOV 9 1859

Baltimore under whose charge or supervintendence a birth shall hereafter be [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16035

BALTIMORE, MD. NOV 7 1889 HEALTH DEPARTMENT

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 26
4. *Place of Birth (Street and Number)* S. W. Cor. Eden & Orleans Sts
5. *Full Name of Mother* Mary Hutson
6. *Mother's Maiden Name* " Horst
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Joseph. Emory Hutson
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross M.D.

Address 1435 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16036

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 21, 1889
4. *Place of Birth, (Street and Number)*	1218 Jefferson St.
5. *Full Name of Mother,*	C. Deckermann
6. *Mother's Maiden Name,*	C. Quigley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. Deckermann.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. L. Butt
Address,	1245 E. Monument St. cor. Central Ave.
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Henry Langley, Jr. A. 16034

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26, 1889
4. Place of Birth, (Street and Number) 245 Burk St.
5. Full Name of Mother, C. Langley
6. Mother's Maiden Name, C. Rinehardt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, T. Langley.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. S. Britt.

Address, 1245 E. Monument St. cor. Central ave

Remarks, All Well GIVEN NAME ADDED 3-31-54

L. M.

HEALTH DEPARTMENT NOV 7 1889 BALTIMORE

...shall enter the same on a blank schedule, to be furnished by the Commissioner of ...shall contain a list of the births which have occurred under his or her care during the ...orth as far as the same can be ascertained the full name of each child, if any shall have ...sex, color, the full name and occupation of its parents, the date and place of birth; and the ...ail be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ach and every month to the Office of the Commissioner of Health. In case the birth of any child ...r without the attendance of a physician or practitioner of midwifery, or should no other person be in ...nce upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16038

NOV 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 26, 1889.
4. *Place of Birth, (Street and Number)*	826 Summerel St.
5. *Full Name of Mother,*	H. Bertinger.
6. *Mother's Maiden Name,*	H. Christ
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	H. Bertinger.
9. *Father's Occupation,*	Collector.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. A. Butts.
Address,	1245 E. Monument St. cor. Central ave.
Remarks,	All Well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16039

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Oct 26 - 1889
5. *Place of Birth, (Street and Number)* 1419 E. Pratt St.
6. *Full Name of Mother,* Julia Hall
7. *Mother's Maiden Name,* Archbolt
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,* George Hall
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City. The birth of any child shall occur without the attendance of a physician or practitioner, the [illegible] of the person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 2 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16040

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 15

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 Oct.
4. Place of Birth, (Street and Number) 1301 Eager st.
5. Full Name of Mother, Louise Batzer
6. Mother's Maiden Name, Geiss
7. Mother's Birthplace, Balt. city
8. Full Name of Father, John Batzer
9. Father's Occupation, saloon keeper
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Central Avenue

Remarks,

NOV 4 1889

BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and should no other person be in shall occur without the attendance of a physician or practitioner, or the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16040

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 15

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 Oct.
4. Place of Birth, (Street and Number) 1301 Eager st.
5. Full Name of Mother, Louise Batzer
6. Mother's Maiden Name, = Geiss
7. Mother's Birthplace, Balt. city
8. Full Name of Father, John Batzer
9. Father's Occupation, saloon keeper
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Central Avenue

Remarks,

BALTIMORE
NOV 4 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If a case the birth of any child shall occur without the attendance of a physician or practitioner of the Delivery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 16041
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October the 26, 1889
4. *Place of Birth, (Street and Number)*	Christian St No 2017
5. *Full Name of Mother,*	Rose Warnick
6. *Mother's Maiden Name,*	Rose Dinsmore
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm H. Warnick
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs. S. Kelley
Address,	2022 Wilkens Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form on a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 160412

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	26 th of Oct.
4. *Place of Birth, (Street and Number)*	800 E. Baltimore St
5. *Full Name of Mother,*	Maggie Lucke
6. *Mother's Maiden Name,*	Feige
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George H. Lucke
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt
Address,	19 N. Eden St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1043

A

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The forth Child

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Color
3. Date of Birth October 26th
4. Place of Birth (Street and Number) Baltimore Short st. No 444
5. Full Name of Mother Clara Regina Wilson
6. Mother's Maiden Name Clara Regina Meekins
7. Mother's Birthplace Eastenshore Dorchester County M. D.
8. Full Name of Father William H. Wilson
9. Father's Occupation Diner
10. Father's Birthplace Baltimore Short st. No 444

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Compton

Address 1401 Duncan Alley near Eden

Remarks Doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 160444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	26th of October
4. *Place of Birth (Street and Number)*	1034 Ann Street Baltimore
5. *Full Name of Mother*	Catherine Thelen
6. *Mother's Maiden Name*	Catherine Thelen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Thelen
9. *Father's Occupation*	Moulder
10. *Father's Birthplace*	Cincinnati
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Thelen
Address	206 Wadesa Alley Balto Md.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 te A. 16045

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth, 27 ten Oktober, 1889
4. Place of Birth, (Street and Number) Hoechl 511
5. Full Name of Mother, Elisbeth Schuhman
6. Mother's Maiden Name, Elert
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Cahli Schuhman
9. Father's Occupation, Work Mann
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schway Fort Stock No 434

Remarks,

OCT. 31 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 160 140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 27 Oct. 1884
4. *Place of Birth (Street and Number),* 115 N. Fremont St
5. *Full Name of Mother,* Bertha
6. *Mother's Maiden Name,* Bertha Goldsmith
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isidor Mamer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. Wall

Address, 658 W. German St

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd " A. 16047

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 27th " 1859
4. Place of Birth, (Street and Number) 745 West Lombard St
5. Full Name of Mother, Ella Rebecca Browne
6. Mother's Maiden Name, " " Barnes
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robert Browne
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Regester St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16048

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~White~~ Black
3. Date of Birth, Oct 27th 1889 2.48 PM
4. Place of Birth, (Street and Number) Waternite
5. Full Name of Mother, Sarah Phillips
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Toda MD

Address, Res Phy Waternite

Remarks,

HEALTH DEPARTMENT, NOV 2 1889 BALTIMORE

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16049

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 27. 1889.
4. *Place of Birth, (Street and Number)* 318 E. Fayett st
5. *Full Name of Mother,* Lezzie Miles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Miles
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Cacilie Beonstein

Address, 122 S. Exeter st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — 16050

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 27th 1889 7 A.M.

4. Place of Birth, (Street and Number) 125 N. Carrollton av.

5. Full Name of Mother, Emma Nakeland

6. Mother's Maiden Name, Emma Romoser

7. Mother's Birthplace, Balto

8. Full Name of Father, William Nakeland.

9. Father's Occupation, Clerk

10. Father's Birthplace, Harford Co, Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller M.D.

Address, 639 Franklin St.

Remarks,

NOV 4 1889

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16050 Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 27th 89 – 8 A.M.
4. *Place of Birth, (Street and Number)* 125 N. Carrollton Ave.
5. *Full Name of Mother,* Emma Wakeland
6. *Mother's Maiden Name,* Emma Romoser
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Wakeland.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address, 639 Franklin St.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT NOV 1889 BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) dif^th child

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, 27 of October.
4. Place of Birth, (Street and Number) 721 Luyern street
5. Full Name of Mother, Louisa Hulson.
6. Mother's Maiden Name, Louisa Rouner.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hulson.
9. Father's Occupation, labor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne.

Address, 726 Luyern st.

Remarks,

16051

NOV 4 1897 BALTIMORE MD.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16a52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 Oct.
4. *Place of Birth, (Street and Number)* 1769 Thurford St.
5. *Full Name of Mother,* Isabella Thuitt
6. *Mother's Maiden Name,* = Raien
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Father,* Ralph Thuitt
9. *Father's Occupation,* =
10. *Father's Birthplace,* Jorch. New Jersey

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cnt. Avenue

Remarks,

NOV 4 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E. 16053

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2	
1. Sex, (state whether male or female)	girl	
2. Race or Color, (if not of the white race)		
3. Date of Birth,	27	October
4. Place of Birth, (Street and Number)	1014	Wilcox Av.
5. Full Name of Mother,	Maggie	C. Grismer
6. Mother's Maiden Name,		Hoffman
7. Mother's Birthplace,	Balt.	Md
8. Full Name of Father,	William	Albert Grismer
9. Father's Occupation,		
10. Father's Birthplace,	Balt.	Md
Name of Medical Attendant, or other person who makes this Return.		Anna Walker
Address,		928 Central Avenue
Remarks,		

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

'A. 16034

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 29 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Oct 27th 1889
4. *Place of Birth, (Street and Number)*	605 — Cider Alley.
5. *Full Name of Mother,*	Emma Zimmerman.
6. *Mother's Maiden Name,*	" Wiekesser.
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	C. Frank Zimmerman.
9. *Father's Occupation,*	Driver.
10. *Father's Birthplace,*	Balto Co. Md "
Name of Medical Attendant, or other person who makes this Return.	Dr George F. Earhart.
Address,	Witherdille Balto Co. Md "
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16055

BALTIMORE DEPARTMENT NOV 4 1889 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Octo. 27th 1889.

4. Place of Birth (Street and Number) 723 N. Carey St. Baltimore Md

5. Full Name of Mother Sallie Shock Robins

6. Mother's Maiden Name Sallie Shock Harden

7. Mother's Birthplace Baltimore City. Md

8. Full Name of Father James Albert Robins

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address 3. E. Read Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1A 16056

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Octo. 27 1889
4. Place of Birth, (Street and Number) 1061 S. Schuyler St.
5. Full Name of Mother, Eva Attenberg
6. Mother's Maiden Name, " Rosenbush
7. Mother's Birthplace, MD.
8. Full Name of Father, Samuel Attenberg
9. Father's Occupation, Merchant.
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. David Shett MD

Address, 403 N. Exeter St.

Remarks,

NOV 9 1889

Register of such birth, and shall enter the same on a blank certificate, to be provided by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16057

NOV 2 1889
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 27 89
4. *Place of Birth, (Street and Number)*	416 Colvin St.
5. *Full Name of Mother,*	C. Croghan
6. *Mother's Maiden Name,*	" Tweeney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	P. Croghan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return.	J H Robinson MD.
Address,	126 E. Preston St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 16058

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct. 27th 1889.
4. Place of Birth, (Street and Number) #1415 Harford Ave.
5. Full Name of Mother, Mary McGarry.
6. Mother's Maiden Name, " McManus
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas McGarry.
9. Father's Occupation, Fireman.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1838 E. Monument St.

Remarks,

NOV

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16059

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 27th 1889
4. *Place of Birth, (Street and Number)* 146 Covington
5. *Full Name of Mother,* Rosa Buchitte
6. *Mother's Maiden Name,* Manna
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Buchitte
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yeswell

Address, 516 Light Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16060

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Oct.
4. Place of Birth, (Street and Number) Eutaw St. #1215
5. Full Name of Mother, Matilda Fellar
6. Mother's Maiden Name, Tohn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Fellar
9. Father's Occupation, Varnisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Augusta Bosieu

Address, #3 Henrietta St

Remarks, Ernst Schloman Undertaker

1039 Hanover St Sweet Home Cemetery

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
NOV 1 1889
BALTIMORE, MD.

A 6061

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5
2. *Sex, (State whether male or female)* Female
3. *Race or color, (if not of the white race)*
4. *Date of Birth,* Oct 27th 1889
5. *Place of Birth, (Street and Number)* 1727 Aliceanna st.
6. *Full Name of Mother,* Barbara Stark
7. *Mother's Maiden Name,* " " Gaul
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Jakob Stark
10. *Father's Occupation,* Bricklayer
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 46062

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 21st 1889
4. Place of Birth, (Street and Number) 521 Bethel st
5. Full Name of Mother, Catharine Bishope
6. Mother's Maiden Name, " " Sealberger.
7. Mother's Birthplace, City
8. Full Name of Father, Nicklas Bishope
9. Father's Occupation, City car driver.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

NOV 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-31-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT 31 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Virginia Randall Sr. A. 16063

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) B.
3. Date of Birth, Oct. 28 89
4. Place of Birth, (Street and Number) 414 E. Baltimore Park Av.
5. Full Name of Mother, Virginia Randall
6. Mother's Maiden Name, " Thompson
7. Mother's Birthplace, B. C.
8. Full Name of Father, Samuel O. Randall
9. Father's Occupation, oyster packer
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return. G. L. Winters

Address, 2262 E. Balt

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form as above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1— A.16064

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Oct.-28-1889
4. Place of Birth (Street and Number), 250 S. Bond st
5. Full Name of Mother, Elisabeth Sohn
6. Mother's Maiden Name, Elisabeth Roth
7. Mother's Birthplace, City
8. Full Name of Father, Henry J. Sohn
9. Father's Occupation, Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. G. Dauschund

Address, 1727 E. Balto. st.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 16065

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Oct 28/89
4. *Place of Birth (Street and Number),* Baltimore University Hospital
5. *Full Name of Mother,* Jennie McMullen
6. *Mother's Maiden Name,* do
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* C. L. Fowler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Charlottsville Va

Name of Medical Attendant, or other person who makes this Return. G. Franklin Becker, M.D.

Address, 21-29 N. Bond St.

Remarks,

OCT 30 1889

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16066

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 28th
4. Place of Birth, (Street and Number) 526 W. Cross st.
5. Full Name of Mother, Wilhelmena Schmidt
6. Mother's Maiden Name, " Norberg
7. Mother's Birthplace, Balto.
8. Full Name of Father, Gustave Schmidt
9. Father's Occupation, Glass blower
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the care of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child A 16064

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 28 of October. 1889.
4. Place of Birth, (Street and Number) 538 Hoffman Street.
5. Full Name of Mother, Ella Kate Dentist
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Broiles.
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Colaince

Address, 309 Preston Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16068

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 28th 1889
4. *Place of Birth (Street and Number),* 130 W. Randall st
5. *Full Name of Mother,* Mary Arnold
6. *Mother's Maiden Name,* Mary Rites
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frank Arnold
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 1327 Hanover st

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under [illegible] care during the month, and shall set forth as far as the same can be ascertained the full name of each [illegible] any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 16069

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d
2. *Sex (state whether ~~male~~ or female)* Femal
3. *~~Race or Color~~, (if not of the white race)* White
4. *Date of Birth* 3 o'clock A.M. Oct 28th 1889
5. *Place of Birth, (Street and Number)* 915 Chesapeake St
6. *Full Name of Mother* Lanah Lumpkin
7. *Mother's Maiden Name* Phipps
8. *Mother's Birthplace* Baltimore
9. *Full Name of Father* Claud Lumpkin
10. *Father's Occupation* Laborer
11. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard MD

Address 1010 Chesapeake St

Remarks Easey and natural Labor Both mother & Child are now doing well

Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16070

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October the 28. 1899 - (1889) (ukg)
4. Place of Birth, (Street and Number) 1822 East-Madison St
5. Full Name of Mother, Kate Gorsage
6. Mother's Maiden Name, Croney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William L Gorsage
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Allwell

Address, 912, Mc Donnough St

Remarks,

FILED OCT 27 1889 BALTIMORE

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

HEALTH DEPARTMENT NOV 1889 BALTIMORE MD

A. 16071

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	October 28, 1889
4. *Place of Birth, (Street and Number)*	302 Rowe St.
5. *Full Name of Mother,*	Mary Lightner
6. *Mother's Maiden Name,*	Mary Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J. Lightner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 16072

1. Sex, (state whether male or female) Male Moses
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th October 1889
4. Place of Birth, (Street and Number) 1162 Little Mc Elderyst
5. Full Name of Mother, Mary Feder
6. Mother's Maiden Name, Mary Levin
7. Mother's Birthplace, Leis Feder Russia
8. Full Name of Father, ~~Tailor~~ Russia
9. Father's Occupation, Tailor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16073

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct. 28th 1889
4. *Place of Birth, (Street and Number)*	2141 Fairmount Ave
5. *Full Name of Mother,*	Margaretha Schneider
6. *Mother's Maiden Name,*	Albrecht
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adam Schneider
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

NOV 4 1889

BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A: 16074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of

1. Sc
2. R
3. D
4. P
5. F
6. M
7. M
8. F
9. F
10. Fa

1. Sex, Female of Child of Mother 1st
2. Race or Color, White
3. Date, Oct 28th 1889
4. Place of Birth, 1601 Millington st
5. Full Name of Mother, L. Carback
6. Mother's Maiden Name, L. Harb
7. Mother's Birthplace, Balto
8. Full Name of Father, L. Carback
9. Father's Occupation, Livery Stable
10. Father's Birthplace, Balto

A

Name of Attendant, makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16075

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 October
4. Place of Birth, (Street and Number) 1409 Hoquith St.
5. Full Name of Mother, Josephine Braun
6. Mother's Maiden Name, Heller
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Moriz Braun
9. Father's Occupation, Jr.
10. Father's Birthplace, Hessen

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Central St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its Parents, its date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 28th
4. Place of Birth, (Street and Number)	1214 N. Dallas st
5. Full Name of Mother,	Mary Anna Plantholt
6. Mother's Maiden Name,	" " Buedner
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph Plantholt
9. Father's Occupation,	Porter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Greene
Address,	940 N. Gay st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the sex, and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person, or parents of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16077

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct. 28

4. *Place of Birth, (Street and Number)* 942 Harford Ave.

5. *Full Name of Mother,* Mary M. Sullivan

6. *Mother's Maiden Name,* Mary M. White

7. *Mother's Birthplace,* Harford Co. Md.

8. *Full Name of Father,* John R. Sullivan

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Mrs. C. A. White

Address, 942 Harford Ave

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) African.
3. Date of Birth, October 28th, 1889.
4. Place of Birth, (Street and Number) 612 Collett Street.
5. Full Name of Mother, Susan Compton.
6. Mother's Maiden Name, Susan Patterson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Compton.
9. Father's Occupation, Coachman.
10. Father's Birthplace, Balto. County.

Name of Medical Attendant, or other person who makes this Return. Hugh Forsythe, M.D.

Address, 1334 N. Fremont Avenue.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct. 28th 1889.
4. Place of Birth, (Street and Number) #834 E. Pratt St.
5. Full Name of Mother, Annie Sullens.
6. Mother's Maiden Name, " Brown.
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, David Sullens.
9. Father's Occupation, Junk Dealer.
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegust

Address, #1038 E. Monument St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st A 16080
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 28/89
4. *Place of Birth, (Street and Number)*	221 Retreat St
5. *Full Name of Mother,*	Teresa Bezold
6. *Mother's Maiden Name,*	Teresa Peters
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno Bezold
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	A C Pole MD
Address,	2102 Madison Av
Remarks,	

NOV 7 1889

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16081

NOV 4 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 Oct.
4. *Place of Birth, (Street and Number)* 35 Central Avenue
5. *Full Name of Mother,* Mary Geiss
6. *Mother's Maiden Name,* = Cedore
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Franch. Geiss
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Weller

Address, 928 Cent. Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 Octobre
4. *Place of Birth, (Street and Number)* 1615 Eager st
5. *Full Name of Mother,* Florence K. Palmer
6. *Mother's Maiden Name,* = Peterson
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Henry Palmer
9. *Father's Occupation,* =
10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 Cent.

Remarks,

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A- 16083

1. *Sex.* (State whether male or ~~female~~)
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 28 the October
4. *Place of Birth, (Street and Number)* 330 West. Pratt st.
5. *Full Name of Mother,* Mathilde. Schaffner.
6. *Mother's Maiden Name,* " Taubenheim
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Adam Schaffner
9. *Father's Occupation,* Cementer Workmann
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Cathrena Wunch

Address, 820 Leadenhall St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16084

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First and Second
1. *Sex, (state whether male or female)*	Females
2. *Race or Color, (if not of the white race)*	Colista
3. *Date of Birth,*	Oct 28th 89
4. *Place of Birth, (Street and Number)*	413 S. Poppleton St
5. *Full Name of Mother,*	Emma Wood
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Berkley Co Va
8. *Full Name of Father,*	Illegitimate
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	719 W Fayette St
Remarks,	Twins

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 28/89
4. *Place of Birth, (Street and Number)*	605 German Street
5. *Full Name of Mother,*	Detta Werner
6. *Mother's Maiden Name,*	Detta Plaut
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Werner
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald
Address,	310 N Eutaw St
Remarks,	

A 16085

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-27-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cecelia Anna Ryan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This the first child

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Monday October 28, 1889
4. Place of Birth, (Street and Number) 1139 South Eutaw St
5. Full Name of Mother, Frances Cecilia Ryan
6. Mother's Maiden Name, Frances Cecilia Albrecht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Francis Ryan
9. Father's Occupation, Compositor on Baltimore Morning Herald
10. Father's Birthplace, Wilmington, Del

Name of Medical Attendant, or other person who makes this Return. Catherina Wunch

Address, 800 Leadenhall St.

Remarks,

A 16086

HEALTH DEPARTMENT NOV 1 1889

Health. This schedule shall contain a list of the births which have been ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16084

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 28th 1889.
4. *Place of Birth, (Street and Number)*	28 N Poppleton St.
5. *Full Name of Mother,*	Martha Alice McCubbin
6. *Mother's Maiden Name,*	Mrs M. A. Keller
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Nicholas O. McCubbin
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return	Addison L. Fox. M.D.
Address,	504 West Pratt St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A. 16088

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 29th 1889
4. *Place of Birth, (Street and Number)* 1927 Wilkins Ave
5. *Full Name of Mother,* Agatha C. Nolan
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Wm. Nolan
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. H. W. Webner, M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor

HEALTH DEPARTMENT, NOV 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 tes
1. Sex (state whether male or female),	Male A 16089
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	29 of October 1889.
4. Place of Birth (Street and Number),	610 S. Anna Sts
5. Full Name of Mother,	~~Franziska~~ Katyner
6. Mother's Maiden Name,	Franziska Schmitt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Katyner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Dr Hilleman
Address,	207 N. Castle Street
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female A 16090

2. Race or Color, (if not of the white race)

3. Date of Birth October 29th 1889

4. Place of Birth, (Street and Number) [illegible] St

5. Full Name of Mother, Mary [illegible] Conway

6. Mother's Maiden Name, Mary [illegible] Leaken

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Francis J. Conway

9. Father's Occupation, [illegible]

10. Father's Birthplace, Baltimore [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 230 [illegible]

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. [illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 1 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 A 16091
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29th of Oct
4. *Place of Birth, (Street and Number)*	241 S. Eden St.
5. *Full Name of Mother,*	Alice Jannette
6. *Mother's Maiden Name,*	Fields
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wallace Jannette
9. *Father's Occupation,*	Ship Steward
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt
Address,	191 E. Eden St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16092

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 29/89
4. *Place of Birth, (Street and Number)*	212 S. Collington av.
5. *Full Name of Mother,*	Mary Barnett
6. *Mother's Maiden Name,*	Mary Hand
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Jas. Barnett
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. H. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L 1609

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 29th 89
4. *Place of Birth, (Street and Number)* 2235 Guilford Ave
5. *Full Name of Mother,* Grace J. Kenly
6. *Mother's Maiden Name,* Grace J. Erdman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Ritchie G. Kenly
9. *Father's Occupation,* Civil Engineer.
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other Person who makes this Return. J Heller M D

Address, 639 Franklin St.

Remarks,

NOV 4 1889 BALTIMORE

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 16094

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oct 29th 1889
4. *Place of Birth, (Street and Number)* Deals shore (annex)
5. *Full Name of Mother,* Mollie Walton
6. *Mother's Maiden Name,* " Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo T Walton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Eaton M

Address,

Remarks,

HEALTH DEPARTMENT NOV 4 1889

Health. This schedule shall contain a fact of the same can be ascertained the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16095

NOV 4 1889

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 27, 1889.
4. *Place of Birth, (Street and Number)* No. 1225 Holbrook street.
5. *Full Name of Mother,* Emma Kraft.
6. *Mother's Maiden Name,* Emma Somerville.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Kraft.
9. *Father's Occupation,* Car Driver.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Aug. A. Clewell, M.D.

Address, 1741 Harford ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* Female A. 16096
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Oct 29 - 1888
4. *Place of Birth, (Street and Number)* No 913 Binnie st
5. *Full Name of Mother,* Maggie Hile
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Hile
9. *Father's Occupation,* Stonemason
10. *Father's Birthplace,* New york

Name of Medical Attendant, or other person who makes this Return. Sarah P Harington

Address, No 924 Binnie st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, or any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 16097

NOV 4 1889

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex (state whether ~~Male~~ or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 29th 1889
4. *Place of Birth (Street and Number)*	#891 Greenmount Ave
5. *Full Name of Mother*	Maggie J. Springer
6. *Mother's Maiden Name*	" " White
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Lewis S. Springer
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M. D.
Address	#502 N. Carey St.
Remarks	

Health. This schedule shall contain a list of the births which have occurred under the observation of the person making the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, he, she or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16098
3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 24/89
4. *Place of Birth, (Street and Number)* No 711 Second St Hilandt
5. *Full Name of Mother,* Annie Flessler
6. *Mother's Maiden Name,* Hasenei
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Flessler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Av.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16099

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 29 1895

4. *Place of Birth, (Street and Number)* 825 Neighbour st

5. *Full Name of Mother,* Margaret Scaife

6. *Mother's Maiden Name,* Margaret Lowndes

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Sheltered Scaife

9. *Father's Occupation,* Transfer driver

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Mrs. E. L. White

Address, 942 Harford Ave

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16100

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other penalties are recoverable.

NOV 2 1889

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Oct 19th 1889 9 P.M. Oct 19th
5. *Place of Birth, (Street and Number)* Hatemite
6. *Full Name of Mother,* Celia Niblock
7. *Mother's Maiden Name*
8. *Mother's Birthplace,* Ireland
9. *Full Name of Father,*
10. *Father's Occupation,*
11. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D.

Address, Res Ky Hatemite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

NOV 7 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 A 16101

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29 1889.
4. Place of Birth, (Street and Number) 1627 Durham St.
5. Full Name of Mother, K. Zettemire
6. Mother's Maiden Name, K. Recher
7. Mother's Birthplace, Germany.
8. Full Name of Father, J.C. Zettemire
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. H. A. Bill

Address, 1245 E. Hammond St. cor. Central ave.

Remarks, Ill Well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-16102

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday Oct. 29 - 1889
4. *Place of Birth, (Street and Number)* 1520 Asquith St.
5. *Full Name of Mother,* Elizabeth Ann Most
6. *Mother's Maiden Name,* Elizabeth Ann Flanhart
7. *Mother's Birthplace,* Balto. City Maryland
8. *Full Name of Father,* George R. Most
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City Maryland.

Name of Medical Attendant, or other person who makes this Return. (Mrs.) Martha A. Foster

Address, 1578 Asquith St.

Remarks, Mother doing well, Baby dead.

NOV 5 1889

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. v. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16103

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 29, 1889.
4. Place of Birth, (Street and Number) Welsley Street
5. Full Name of Mother, Margaretta Miller
6. Mother's Maiden Name, Margaretta Belt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J B Mullins M.D.

Address, 731 Frederick Ave Ext.

Remarks, Baltimore

NOV 8 1889

Health. This schedule shall contain a list of the births [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd L. 161.04

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 29 1889
4. *Place of Birth (Street and Number),* 237 Gorsuch av. (Annex)
5. *Full Name of Mother,* Mary E. Smith
6. *Mother's Maiden Name,* " " Armendt.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anthony Smith
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. L. T. Monmonier M.D.

Address, 634 Gorsuch Av.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 16105

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 29th '89
4. *Place of Birth, (Street and Number)* 27 N. Eden St.
5. *Full Name of Mother,* Mary Gearing
6. *Mother's Maiden Name,* Mary Clarke
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Jas. Gearing
9. *Father's Occupation,* Bessman
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address, S. W. Cor. Calvert & Read St.

Remarks,

HEALTH DEPARTMENT NOV 29 1889

...list of the births which have occurred under his or her care during the month, and shall ... ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16106

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 29. 1889.
4. Place of Birth, (Street and Number) 923 Stiles St
5. Full Name of Mother, Maggie Flatter
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Flatter
9. Father's Occupation,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs Cäcilie Bernstein

Address, 122 S. Exeter St.

Remarks,

NOV 5 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16104

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30th 89. 7.29 A.M.
4. Place of Birth, (Street and Number) Maternite
5. Full Name of Mother, Mary Aumann
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.

Address, Resby Maternite

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16108

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5c

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October the 29
4. *Place of Birth, (Street and Number)* Pratt St No 314
5. *Full Name of Mother,* Tresey Rap
6. *Mother's Maiden Name,* Tresey Dwor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* george M Rap
9. *Father's Occupation,* wheel right
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 2022 Wilkens Ave

Remarks,

HEALTH DEPARTMENT NOV 2 1889 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth A 16109

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Octo 29
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 1213. North Durham st
5. *Full Name of Mother,* Mary. M. Moffatt
6. *Mother's Maiden Name,* Mercy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick. Moffatt
9. *Father's Occupation,* Loban
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary A Allwell

Address, 912 McDonough St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 11 1889

A 16110

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	October 30th 1889.
4. *Place of Birth, (Street and Number)*	1534 E Madison St.
5. *Full Name of Mother,*	Susan Jones.
6. *Mother's Maiden Name,*	McGraw
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph E. Jones
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S. E. cor. Caroline & Eager Sts.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each Child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered as fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Himay
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th October 1889
4. *Place of Birth, (Street and Number)* 1136 East Pratt street
5. *Full Name of Mother,* Ettie Marineck
6. *Mother's Maiden Name,* Ettie Gease
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isac Marineck
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his in her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16112

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* October 30, 1889
4. *Place of Birth, (Street and Number)* 2240 Canton Ave.
5. *Full Name of Mother,* Mary Roupon
6. *Mother's Maiden Name,* Mary Meyers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Patrick Roupon
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne St.

Remarks,

NOV 4 1889

Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16173

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3de

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) weit
3. Date of Birth, Oktober 30. 1889
4. Place of Birth, (Street and Number) 1112 scott str.
5. Full Name of Mother, Louisa Michel
6. Mother's Maiden Name, Louisa Dorr
7. Mother's Birthplace, Riedenkopf Germany
8. Full Name of Father, Philipp Michel
9. Father's Occupation, Iron. Worker
10. Father's Birthplace, Treis or Lumda Germany

Name of Medical Attendant, or other person who makes this Return. ~~Mrs~~ Mrs Bange Langel

Address, 711 Cross St.

Remarks,

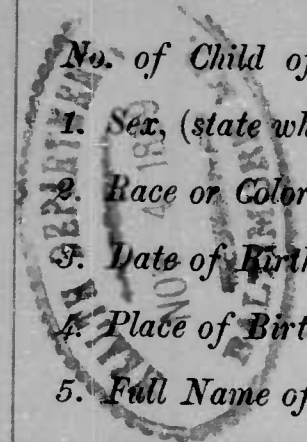
Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

A 16114



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 30th 89
4. *Place of Birth, (Street and Number)* 600 Paca St
5. *Full Name of Mother,* Emma F. Wilson
6. *Mother's Maiden Name,* Emma F. O'Donnell
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Jas. H. Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return, Joseph Blum

Address, 641 Columbia Ave.

Remarks,

HEALTH DEPARTMENT NOV 4 1889 BALTIMORE

...list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16115

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* October 30, 1889
4. *Place of Birth, (Street and Number)* 812 Luzerne St.
5. *Full Name of Mother,* Mary Vanatzs
6. *Mother's Maiden Name,* Mary Lampon
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Vanatzs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Snaijne

Address, 72 Luzerne St.

Remarks,

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16116

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Aoct 30th 1889
4. *Place of Birth, (Street and Number)* 213 Green st
5. *Full Name of Mother,* Dora Vessels
6. *Mother's Maiden Name,* " Carter
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Edgar R. Vessels
9. *Father's Occupation,* Water on str Baltimore
10. *Father's Birthplace,* Floyds Essex County Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. H. Gray

Address,

Remarks, ——

FILED DEPARTMENT NOV 5 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred in the year, and the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16117

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 30th 1889
4. *Place of Birth, (Street and Number)* Baltimore Pratt Street No 950
5. *Full Name of Mother,* Bate Winkleman
6. *Mother's Maiden Name,* Bate Tahay
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frederick Winkleman
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* germany

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks,

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16118

NOV 7 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 30 th 1889
4. *Place of Birth, (Street and Number)*	No 24 Cross St
5. *Full Name of Mother,*	Maggie Dailey
6. *Mother's Maiden Name,*	Maggie Kelcher
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Dailey
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1817 Byrd St
Remarks,	

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

16119

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 30 1889
4. *Place of Birth, (Street and Number)* 1323 Mother St
5. *Full Name of Mother* Rosa Shane
6. *Mother's Maiden Name* Rosa Renolds
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John J Shane
9. *Father's Occupation* Agent.
10. *Father's Birthplace* Cumberland

Name of Medical Attendant, or other Person who makes this Return. J. A. Lichtig

Address 419 W. Saratoga St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT, OCT 31 1889 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male B. 16120
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 30
4. *Place of Birth (Street and Number),* Baltimore 515 Gold Street
5. *Full Name of Mother,* Annie F Belschum
6. *Mother's Maiden Name,* Annie F McConnell
7. *Mother's Birthplace,* Manchester Carroll Co.
8. *Full Name of Father,* Elias George McConnell
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ida Nadler

Address, 602 Gold Street

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16121

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 30th October.
4. Place of Birth (Street and Number), 134 N. Front St.
5. Full Name of Mother, — —
6. Mother's Maiden Name, Mary Gorden
7. Mother's Birthplace, Alliance Ohio
8. Full Name of Father, Tommas Smith
9. Father's Occupation, Painter
10. Father's Birthplace, Alliance Ohio

Name of Medical Attendant, or other person who makes this Return Mrs. S. Zink Midwife

Address, No. 907. Hillen St.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any such name shall be ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, NOV 1 1880 BALTIMORE

e Baltimore Publishing Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of child, sex, color, number of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16122

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* October 20
4. *Place of Birth, (Street and Number)* 736 Ramsey St
5. *Full Name of Mother,* Sophie Rudolph
6. *Mother's Maiden Name,* Fr. Haenkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich William Rudolph
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Bathrina Wunsch

Address, 810 Leadenhall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HA 16123

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Oct 30th 1889.
4. *Place of Birth, (Street and Number)* 1730 Lancaster St.
5. *Full Name of Mother,* Annie Rash.
6. *Mother's Maiden Name,* " " Myer.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* August Rash.
9. *Father's Occupation,* Shipping Master
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Bitz.

Address, 1711 Bank St.

Remarks,

HEALTH DEPARTMENT NOV 1 1889 BALTIMORE

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16124

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 3/1889
4. *Place of Birth, (Street and Number)* Dallas st 828
5. *Full Name of Mother,* Mary Boubg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Jan Pokaw
9. *Father's Occupation,* Shoe make
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, Washington 265

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 5-31-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rachel Virginia Wheeler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, October 31st 1889.
4. Place of Birth, (Street and Number) 1004 N. Ann St.
5. Full Name of Mother, Maggie Wheeler
6. Mother's Maiden Name, Pohlman
7. Mother's Birthplace, Balto Co. Md.
8. Full Name of Father, John B. Wheeler
9. Father's Occupation, Boilermaker
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M.D.

Address, S.E. Cor Caroline & Eager Sts.

Remarks,

A 16125

NOV 11 1889 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child A 16126

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 31st 1889
4. Place of Birth, (Street and Number) Ledenhall st No. 1114
5. Full Name of Mother, Sallie Clements
6. Mother's Maiden Name, Sallie Handy Rue
7. Mother's Birthplace, born Doschester county
8. Full Name of Father, Samuel Wesley Clements
9. Father's Occupation, Fireman at B. O. office Calvert & Bet
10. Father's Birthplace, Queen Ann's ct md

Name of Medical Attendant, or other person who makes this Return. E. A. Tully

Address, No. 1828 Light st

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16127

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 31st
4. *Place of Birth, (Street and Number)* 617 W. Lombard St.
5. *Full Name of Mother,* Lina Stern
6. *Mother's Maiden Name,* Lina Selz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Stern
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. H. Jenkins

Address, 400 Cathedral St.

Remarks,

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH NOV 1 1888

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, NOV 16 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White 16128
3. *Date of Birth,* Oct 31st 1889
4. *Place of Birth, (Street and Number)* 113 N Fremont ave
5. *Full Name of Mother,* Mary Rust
6. *Mother's Maiden Name,* Mary Shane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. D. Rust
9. *Father's Occupation.* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Pappelton St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male ~~or female~~) A. 16129
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 31st 1899
4. Place of Birth, (Street and Number) E. Monument St No 2053
5. Full Name of Mother, Louisa Plitt
6. Mother's Maiden Name, Louisa Balke
7. Mother's Birthplace, Breutzen Prussia Germany
8. Full Name of Father, Edward Plitt
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Biedenkopf. Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form given above between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* boy — A 16130
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 31 Oct 1889
4. *Place of Birth, (Street and Number)* 224 Thorne grove street
5. *Full Name of Mother,* Jane lane
6. *Mother's Maiden Name,* Jane Simes
7. *Mother's Birthplace,* Calvert ~~Collob~~ Conty
8. *Full Name of Father,* Thomas W lane
9. *Father's Occupation,* porter
10. *Father's Birthplace,* Calvert ~~Collob~~ Conty

Name of Medical Attendant, or other person who makes this Return. Sarah Rallinge

Address, 1610 Vincent ave near Baker

Remarks,

Health. This schedule shall contain a fact of the same, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child A. 1613

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 31 st 1899
4. *Place of Birth, (Street and Number)* N. Bond St No 623
5. *Full Name of Mother,* Mathilda Dressel.
6. *Mother's Maiden Name,* Mathilda Miller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Dressel.
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16132

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st October
4. *Place of Birth, (Street and Number)*	1st precint, 13th district, Balto. County
5. *Full Name of Mother,*	Louisa Latte
6. *Mother's Maiden Name,*	Louisa Creighton
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Walter Ruben Latte
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangl
Address,	
Remarks,	

Health. This Return shall contain as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 4 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th A. 16133
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white race
3. Date of Birth,	October the 31st
4. Place of Birth, (Street and Number)	Baltimore weber st 1.28
5. Full Name of Mother,	Mary A Bhlman
6. Mother's Maiden Name,	Dirsnig
7. Mother's Birthplace,	england
8. Full Name of Father,	John Bhlman
9. Father's Occupation,	laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	1514 light st
Remarks,	

Health. This Return must be made as soon as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as the law directs and for which suits are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* October. of. 31.
4. *Place of Birth, (Street and Number)* 930 Hanover: St.
5. *Full Name of Mother,* Emma Grund.
6. *Mother's Maiden Name,* Emma Mühle.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George Grund.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Auguste: Boien.

Address, 3. Henrietta: St.

Remarks,

HEALTH DEPARTMENT NOV 4 1889 BALTIMORE

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 D. A 16135

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, October of 31
4. Place of Birth, (Street and Number) 1411. Hanover Str.
5. Full Name of Mother, Amalie B Koenig.
6. Mother's Maiden Name, Amalie Burk.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Fritz Koenig.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. August Berich.

Address, 3. Lemmitta Str.

Remarks,

NOV 4 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child. Third

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White Race
3. Date of Birth, October 31st
4. Place of Birth, (Street and Number) Baltimore Cross St 1241
5. Full Name of Mother, Briget ~~Leland~~ McCarthy
6. Mother's Maiden Name, Bridget Quaid
7. Mother's Birthplace, Irland
8. Full Name of Father, Patrick McCarthy
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs Cross.

Address, 413 S. Poppleton St.

Remarks,

HEALTH DEPT. NOV 4 1889 BALTIMORE, MD.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this [illegible] section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE, MD. NOV 2 1889

A 16137

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth 8 st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	October 31 st 1889
4. Place of Birth, (Street and Number)	K 812 Clay Street
5. Full Name of Mother,	Katie Minnick
6. Mother's Maiden Name,	Katie Brutsche
7. Mother's Birthplace	Baltimore
8. Full Name of Father,	Thomas Minnick
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Emma Wesenfeld
Address,	150 ½ Pennsylvania Ave
Remarks,	Died one hour after Birth, with Dropsy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 31st 1889,
4. *Place of Birth, (Street and Number)*	212 S. Green st,
5. *Full Name of Mother,*	Ella Balias,
6. *Mother's Maiden Name,*	Ella Shaleparias,
7. *Mother's Birthplace,*	Lithuania,
8. *Full Name of Father,*	Pius Balias,
9. *Father's Occupation,*	Tailor,
10. *Father's Birthplace,*	Lithuania,
Name of Medical Attendant, or other person who makes this Return.	Chas B. Zieglar M.D.
Address,	920 N. Broadway,
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name, sex and color, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16139

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 oct
4. Place of Birth, (Street and Number) 303 Ringold St
5. Full Name of Mother, Kate Mayaha
6. Mother's Maiden Name, Kate Lefferm
7. Mother's Birthplace, ~~Canton~~ Cininati
8. Full Name of Father, Charles D Mayaha
9. Father's Occupation, Dolive of Wayon
10. Father's Birthplace, Loudon County v a

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address,

Remarks,

HEALTH DEPARTMENT NOV 4 1899 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, ~~(state whether male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 31st 1889
4. *Place of Birth, (Street and Number)* 15 Independent St (Annex)
5. *Full Name of Mother,* Susie R. Parr
6. *Mother's Maiden Name,* " Allen
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Robert A. Parr
9. *Father's Occupation,* Coach painter
10. *Father's Birthplace,* Jersey City N. J.

Name of Medical Attendant, or other Person who makes this Return. R. V. Rankin M.D.

Address, Waverly, Balto. md.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOV 6 1889

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16141

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 3/89
4. *Place of Birth, (Street and Number)* No. 5 N. Wolf St.
5. *Full Name of Mother,* Henrietta Weber
6. *Mother's Maiden Name,* Fleckenstein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weber
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No. 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under the Board of Health during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16142

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 31/89
4. *Place of Birth, (Street and Number)* No. 2204 Mayer St
5. *Full Name of Mother,* Maggie Rupp
6. *Mother's Maiden Name,* Goldberk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rupp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft.

Address, No. 405 S. Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 16143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 31st 1889
4. *Place of Birth (Street and Number)* 1701 Latrobe St
5. *Full Name of Mother* Mary Ann Gardner
6. *Mother's Maiden Name* Mary Ann Williams
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Laird Gardner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo W Hamill MD

Address 1701 Guilford Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT, BALTIMORE, MD. NOV 9 1889

RETURN OF A BIRTH

61444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* October 31/89
4. *Place of Birth, (Street and Number)* W^e 507 S. Chester St.
5. *Full Name of Mother,* Annie Connely
6. *Mother's Maiden Name,* Mc Donough
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Connely
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, W^e 405 S. Washington St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 1/6145

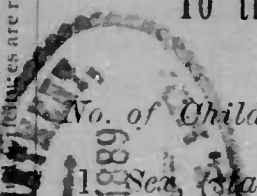
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 31st 1889.
4. *Place of Birth, (Street and Number)*	107. N Gary St
5. *Full Name of Mother,*	Mary Matthews
6. *Mother's Maiden Name,*	Mary Orick
7. *Mother's Birthplace,*	Balto Co. Md
8. *Full Name of Father,*	Eli A. Matthews
9. *Father's Occupation,*	Insurance Agt
10. *Father's Birthplace,*	Balto Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Addison C. Fox. M.D
Address,	504 W Fayette Street
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



A. 16146

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 31st 1889
4. Place of Birth, (Street and Number) 403 N. Stricker St.
5. Full Name of Mother, Katie Hammen
6. Mother's Maiden Name, Slyder
7. Mother's Birthplace, Balto.
8. Full Name of Father, Philip Hammen
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. W. Hebner M.D.

Address, 814 W. Lombard St.

Remarks, Natural Labor

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before [illegible] Justices are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-12-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel May

A 16147

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 October 1887

4. Place of Birth, (Street and Number) 22 Asquith Street extended

5. Full Name of Mother, Elisabeth Rost

6. Mother's Maiden Name, E. Williams

7. Mother's Birthplace, Woodberry

8. Full Name of Father, Conrad Rost

9. Father's Occupation, Tinner

10. Father's Birthplace, Spraingenberg Germany

Name of Medical Attendant, or other Person who makes this Return. L G Reinhard

Address, 720 N Howard Street

Remarks,

list of the births which may occur [illegible] (if any shall have been conferred,) its sex, color, the full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th, A. 16148
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Oct. 26th, 1889,
4. *Place of Birth, (Street and Number)*	709 Greenmount Ave
5. *Full Name of Mother,*	Nellie I. Finks,
6. *Mother's Maiden Name.*	Nellie I. Love,
7. *Mother's Birthplace,*	Richmond, Virginia,
8. *Full Name of Father,*	Harry Jos. Finks
9. *Father's Occupation,*	Compositor,
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Ziegler M.D.
Address,	920 N. Broadway
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of the child, if it has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A
16149

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 9th.
4. *Place of Birth, (Street and Number)*	561½ N. Gay St.
5. *Full Name of Mother,*	Barbara Mc. Graw
6. *Mother's Maiden Name,*	Barbara Günter
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Richard Mc. Graw
9. *Father's Occupation,*	House Furnishing Dealer
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Barnton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

Health. This schedule shall contain as near as the same can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT DEC 2 1888 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16150

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octo. 9th. 1889
4. *Place of Birth, (Street and Number)* S. W. Cor. Valley & Eager Sts.
5. *Full Name of Mother,* Janie Dempsy
6. *Mother's Maiden Name,* Janie Dempsey
7. *Mother's Birthplace,* Lambertville N. J.
8. *Full Name of Father,* James Dempsy
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

HEALTH DEPARTMENT DEC 2 1889 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 7 1889

A 16151

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th

1. *Sex*, (*State whether male or female*) female
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, 10 Oct 89
4. *Place of Birth*, (*Street and Number*) 232 Chesapeake St.
5. *Full Name of Mother*, Amanda Schea
6. *Mother's Maiden Name*, = Roberson
7. *Mother's Birthplace*, Balt
8. *Full Name of Father*, Andrew Schea
9. *Father's Occupation*,
10. *Father's Birthplace*, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Health. This Schedule shall contain the same can be ascertained the full name of each child. If any shall have month, and shall set forth as far as the same been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16152

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11th - 1889
4. *Place of Birth, (Street and Number)* 935 Somerset St.
5. *Full Name of Mother,* Lizzie Plunn
6. *Mother's Maiden Name,* Lizzie Trapp.
7. *Mother's Birthplace,* Elizabeth N. J.
8. *Full Name of Father,* Oscar Plunn
9. *Father's Occupation,* Soap Dealer or Seller
10. *Father's Birthplace,* Rahway N. J.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brintow M.D.

Address, Calvert & Preston Sts.

Remarks,

Health. This schedule shall contain a list of the births which have occurred since the last month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16153

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 13 Octbr
4. *Place of Birth, (Street and Number)* 2821 O Donell St.
5. *Full Name of Mother,* Rosalie Goldschmidt
6. *Mother's Maiden Name,* = Kantel
7. *Mother's Birthplace,* Sachsen Weimar (Germ)
8. *Full Name of Father,* Herman Goldschmidt
9. *Father's Occupation,* Baber
10. *Father's Birthplace,* Sachsen Weimar

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

register of such birth, and [illegible] Health. This schedule shall contain a list of the births [illegible] the full name of each child, [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 4-1-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16154

William Zebulon White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Boy

2. Father's Color, (if not of the white race) White

3. Date of Birth, Octo. 16th. 1889

4. Place of Birth, (Street and Number) 1111 Forrest Place

5. Full Name of Mother, Estella White,

6. Mother's Maiden Name, Estella McLean

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, W. G. White

9. Father's Occupation, Oil Dealer

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

DEC 2 1889

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] NAME ADDED 1-6-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virginia Reason

A 16155

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, October 16th 1889
4. Place of Birth, (Street and Number) Boheion court between wash a Ca
5. Full Name of Mother. Carrie Reason
6. Mother's Maiden Name, Carrie Willmore
7. Mother's Birthplace, In Baltimore
8. Full Name of Father, George Reason
9. Father's Occupation, Labor man
10. Father's Birthplace, Born in phildelphia

Name of Medical Attendant, or other Person who makes this Return. Doctor Mary Dougherty

Address, 2002 boheion court

Remarks, Nothang sercer

[illegible] list of the births which have occurred under his or her care during the month [illegible] ascertained the full name of each child (if any shall have been conferred) [illegible] the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered [illegible] practitioner in the form of a certificate between the first and third day of each and every month [illegible] of Health. In case the birth of any child shall occur without the attendance of a [illegible] practitioner of [illegible] should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in the [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DEC 3 1889

[illegible]nn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16156

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17th 1889
4. Place of Birth, (Street and Number) 1639 N. Cary st
5. Full Name of Mother, India Franklin.
6. Mother's Maiden Name, " Cook.
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, Albert Franklin.
9. Father's Occupation, Conductor.
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill Mro

Address, 1401 W. Fayette st.

Remarks,

list of the births which have occurred under his or her care during the month, and shall, in case of the birth of any child, ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOV 25 1889

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 20th. 1889

4. Place of Birth, (Street and Number) 543 Clarks St.

5. Full Name of Mother, Jennie Borner

6. Mother's Maiden Name, Jennie Verbeirg

7. Mother's Birthplace, Holland

8. Full Name of Father, Henry F. Borner

9. Father's Occupation, Tinner

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Calvert & Preston Sts.

Remarks,

Health. This schedule shall contain a list of the [illegible] the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, [illegible] shall [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other [illegible] and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16158

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, 21 Oct 85
4. Place of Birth, (Street and Number) 2412
5. Full Name of Mother, Anna Vermann
6. Mother's Maiden Name, = Gerken
7. Mother's Birthplace, Emden Germ
8. Full Name of Father, Heinrich Vermann
9. Father's Occupation, Tailor
10. Father's Birthplace, Emden Hannover (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 161 59

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) 2 twins females

2. Race or color, (if not of the white race) White

3. Date of Birth, 22 Octo

4. Place of Birth, (Street and Number) 2435 Easton Avenue

5. Full Name of Mother, Mary Passinger

6. Mother's Maiden Name, — Walton

7. Mother's Birthplace, Balt

8. Full Name of Father, Fred Passinger

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E Weiss

Address, 2524 Lancaster St

Remarks,

DEC 4 1888

Health. This schedule must contain as many items as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. SULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Qtbr
4. *Place of Birth, (Street and Number)* 2439 Canton Awenuen
5. *Full Name of Mother,* Elise Lind
6. *Mother's Maiden Name,* = Behm
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Henry Lind
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Health. This schedule shall contain a list of the births which have been [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16161

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Octbr
4. *Place of Birth, (Street and Number)* 2000 Chester St.
5. *Full Name of Mother,* Mathilde Key
6. *Mother's Maiden Name,* = Boots
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* William Key
9. *Father's Occupation,* Waschant
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16162

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 22 Octbr
4. *Place of Birth, (Street and Number)* 625 Luzerne St
5. *Full Name of Mother,* Kathi Schmeiser
6. *Mother's Maiden Name,* Dörfler
7. *Mother's Birthplace,* Krögelstein Bavaria
8. *Full Name of Father,* John Schmeiser
9. *Father's Occupation,* Beer Salon
10. *Father's Birthplace,* Krögelstein Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, DEC 4 1889 BALTIMORE, MD.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16163

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~[illegible]~~ October 23
4. *Place of Birth, (Street and Number)* 810 Woodyear st
5. *Full Name of Mother,* Emma Jane Jackson
6. *Mother's Maiden Name,* Emma Jane Harris
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* Samuel Jackson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Catherine Jones

Address, 1121 Saratoga st

Remarks,

Health. This schedule shall contain a list of the same [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner [illegible] or should no other person be in attendance upon the mother, immediately thereafter it shall become the [illegible] the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] fines and forfeitures are recoverable.

NOV 25 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (State whether ~~male~~ or female)*
2. *Race or color, (if not of the white race)* White — A 16164
3. *Date of Birth,* Oct 24th 1889
4. *Place of Birth, (Street and Number)* 1330 - Wind St
5. *Full Name of Mother,* Margaret Bowers Sheehey
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Michael Sheehey
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Balt County

Name of Medical Attendant, or other person who makes this Return. J. H. Guiteras M.D.

Address, 2008 - Maryland Ave

Remarks,

Penalty. This schedule shall be filled out as far as the same can be ascertained; the full name of each child, if any, shall be entered, and the information required shall be given as to each child born alive within the month, and shall set forth as far as the same can be ascertained the full name of each child born alive within the month, if any, and if no child has been born alive within the month, or if a child has been born alive but has died before the visit of the person making the return, that fact shall be stated; and if no child has been born alive within the month, and no child born alive within the month

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16165

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Femail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Oct 24 th 1889
4. *Place of Birth, (Street and Number)* 1059 Roborg street
5. *Full Name of Mother,* Ida Collins
6. *Mother's Maiden Name,* Ida Collins
7. *Mother's Birthplace,* Snow hill
8. *Full Name of Father,* Duglas Quitler
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Saint marys County

Name of Medical Attendant, or other person who makes this Return. Mary C Jones

Address, 1121 Satoger street

Remarks,

register of such birth, and shall enter the same in a bound [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16166

HEALTH DEPARTMENT, DEC 4 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, 25 Oktbr
4. Place of Birth, (Street and Number) 506 Burke St.
5. Full Name of Mother, Käthe Müller
6. Mother's Maiden Name, — Münich
7. Mother's Birthplace, Balt
8. Full Name of Father, John Müller
9. Father's Occupation, Labeln
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a [illegible] month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 25 — 89
4. *Place of Birth, (Street and Number)*	909 E Balto. St.
5. *Full Name of Mother,*	Birta Goldman
6. *Mother's Maiden Name,*	Birta Goldman
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Louis Goldman
9. *Father's Occupation,*	Cigar Maker.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mark F. Mayer M.D.
Address,	
Remarks,	

A 16167

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, 26 Oct
4. Place of Birth, (Street and Number) 25 26 Canton Avenue
5. Full Name of Mother, Barbara Kleinen
6. Mother's Maiden Name, = Lang
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Joseph Kleinen
9. Father's Occupation, Beer Saloon
10. Father's Birthplace, Rhein Provinz

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 25 24 Lancaster St.

Remarks,

Health. This schedule shall contain as much of the information required as can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. *Sex, (state whether male or female)* Female

A 16169

2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October the 27th 1889
4. *Place of Birth, (Street and Number)* No 328 Hamburg. street
5. *Full Name of Mother,* Cora Murray
6. *Mother's Maiden Name,* Cora Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Murray
9. *Father's Occupation,* Oyster Shucker and Brickyard
10. *Father's Birthplace,* North Carlinia

Name of Medical Attendant, or other Person who makes this Return. Annie M. Davis

Address, 1021 Peach alley.

Remarks, none

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth so far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-22-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Kraus

A 161710

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) White
3. Date of Birth, 28 Oct, 1889
4. Place of Birth, (Street and Number) 2812 Lancaster St.
5. Full Name of Mother, Barbara (Krauss) Kraus
6. Mother's Maiden Name, Kupferstein
7. Mother's Birthplace, Balt.
8. Full Name of Father, Conrad (Krauss) Kraus
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weis

Address, 2524 Lancaster St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the manner aforesaid. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16171

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Oct. 28th - 1889
4.	*Place of Birth, (Street and Number)*	837 Aisquith St.
5.	*Full Name of Mother,*	Mollie Stubel,
6.	*Mother's Maiden Name,*	Mollie Phillips
7.	*Mother's Birthplace,*	Balto. Md
8.	*Full Name of Father,*	John J. Stubel
9.	*Father's Occupation,*	N.C. Rail Road Clerk
10.	*Father's Birthplace,*	Balto. Md.
	Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton. M.D.
	Address,	Calvert & Preston Sts
	Remarks,	

Health. This schedule shall contain a list of the births which ... child, if any shall have ... month, and shall set forth as far as the same can be ascertained ... date of birth; and the ... been conferred) its sex, color, the full name and occupation ... the form of a certificate ... ween the first and ... said schedule shall be delivered, duly signed by the ... birth of any child ... third day of each and every month to the office of the ... person who ... shall occur without the attendance of a physician or practitioner of midwifery, or some other person be in ... attendance upon the mother. Immediately thereafter it shall be the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16172

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 29 Oct
4. *Place of Birth, (Street and Number)* 613 Chappel St.
5. *Full Name of Mother,* Kathe Meier
6. *Mother's Maiden Name,* — Schütte
7. *Mother's Birthplace,* Papenburg Germ
8. *Full Name of Father,* Lambert Meier
9. *Father's Occupation,* Ingenieur
10. *Father's Birthplace,* Papenburg (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss.

Address, 2524 Lancaster St.

Remarks,

Health. This schedule shall contain a list of the births which have been [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16173

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Oct 30th 1889
4. Place of Birth, (Street and Number) 704 Usher st
5. Full Name of Mother, Sothie thompson
6. Mother's Maiden Name, Sothie garney
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wallace Thompson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary thompson

Address, # 655 Josephine st

Remarks,

DEC 3 1889

Health. This schedule shall contain a list of the births which have occurred under [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with [illegible] this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered [illegible] are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 21st. 1889
4. *Place of Birth, (Street and Number)* 1316 N. Central ave.
5. *Full Name of Mother,* Ida Gittings
6. *Mother's Maiden Name,* Ida Earhart
7. *Mother's Birthplace,* Lancaster Pa.
8. *Full Name of Father,* Charles W. Gittings
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, Calvert & Preston Sts.

Remarks,

register [illegible] shall contain a list of the bi[illegible] Health. This schedule shall contain a list of the births [illegible] month, and shall set forth as far as the same can be [illegible] been conferred) its sex, color, the full name and occupa[illegible] said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* octo 81 81 89
4. *Place of Birth, (Street and Number)* ritoga st No 611
5. *Full Name of Mother,* Fanie Rooze
6. *Mother's Maiden Name,* Fanie Holmes
7. *Mother's Birthplace,* cashier is ginner
8. *Full Name of Father,* Marshall Rooze
9. *Father's Occupation,* steve dow
10. *Father's Birthplace,* cal vert conty Md

Name of Medical Attendant, or other person who makes this Return, Nancy cathon Jones

Address, 1121 ritoga street

Remarks,

NOV 25 1889

Health. This schedule shall contain a list of the births which have occurred under this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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1889

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16176 to 16181 incl a 16176-16181
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Vol. 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-16187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Ch
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Oct 5th 1889
4. Place of Birth (Street and Number),	1413 Chew
5. Full Name of Mother,	Estella Daniels
6. Mother's Maiden Name,	Cropper
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Geo W. Daniels
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Dr. B. Billingslea
Address,	1206 E Preston
Remarks,	

and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1613

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 14th 1889
4. *Place of Birth (Street and Number),* 1611 Hartford Ave
5. *Full Name of Mother,* Emma Talbert
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Talbert
9. *Father's Occupation,* farmer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E Preston

Remarks,

and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16184

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October 16th 1889
4. *Place of Birth, (Street and Number)* 406 Fallsroad
5. *Full Name of Mother,* Mary Ellen Horn
6. *Mother's Maiden Name,* Mary Ellen Shekells
7. *Mother's Birthplace,* Reistertown Balto Co Md
8. *Full Name of Father,* William G. Horn
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Woodbury Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Mary Ellen Sullivan

Address,

Remarks,

DEC 11 1889

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th A 16186

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 16th 1889
4. *Place of Birth (Street and Number),* 1812 Greenmount Ave
5. *Full Name of Mother,* Mary R. Rosher
6. *Mother's Maiden Name,* Halbert
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Nelson Rosher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingsley

Address, 1206 E Preston St

Remarks,

more under which [illegible] register of such birth, and shall enter the same on a blank [illegible] This schedule shall contain a list of the births which have occurred under his or her care during the [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16186

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16. 1889
4. *Place of Birth, (Street and Number)* 1211 N Calvert St
5. *Full Name of Mother,* Mary Johnson Slingluff
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Fielder C. Slingluff
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. R. Dorsey

Address, 1206. Linden ave Balto

Remarks,

Baltimore under whose charge [illegible] shall enter the same on a blank schedule, to be furnished by the register of such birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ml A 16187

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 17th 1889
4. *Place of Birth (Street and Number),* 750 Gorm St
5. *Full Name of Mother,* Mary A Jenkins
6. *Mother's Maiden Name,* " " [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* R E Jenkins
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, [illegible]

Remarks, [illegible]

more [illegible] register of such birth, and shall enter the same on a [illegible] This schedule shall contain a list of the births which have occurred under his or her care during the [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 16188

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 26 October 1889
4. *Place of Birth (Street and Number),* 104 E Bristol St
5. *Full Name of Mother,* Maggie E Glenn
6. *Mother's Maiden Name,* " " Ramey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Hy A Glenn
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, 1131 Fayette St

Remarks,

register of such birth, and shall enter [illegible] This schedule shall contain a list of the births which have occurred under [illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

1689

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of Vol 10

1689-1699

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 16200

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 4 '89
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Hattie Owens
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Not known
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Lewis Ebaugh M.D.

Address, 622 N. Lombard St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 16201

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 24, 89

4. Place of Birth, (Street and Number) 622 N. Lombard St

5. Full Name of Mother, Mary Crawford

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Not known

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, L. E. Veale M.D.

Address, 319 N. Arlington St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT OCT 28 1889

register of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16202

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27th 1889
4. *Place of Birth, (Street and Number)* 1009 W. Lombard St.
5. *Full Name of Mother,* Marian Martin
6. *Mother's Maiden Name,* Hagerty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Philip Martin
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 700 N. Carrollton Ave

Remarks,

register of such birth, and shall enter the same on the birth of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as for as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16203

DEC 17 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 28th 1889
4. *Place of Birth, (Street and Number)* 1306 N. Stricker St.
5. *Full Name of Mother,* Savannah Late
6. *Mother's Maiden Name,* Elliott
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Albert T. Late
9. *Father's Occupation,* Provision Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. John Neff M.D.

Address, 701 N. Carrollton Ave

Remarks,

[illegible] register of such birth, and shall enter the same [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 16204

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 31 '09.
4. Place of Birth, (Street and Number) 622 N. Loudon St.
5. Full Name of Mother, Mrs Jackson
6. Mother's Maiden Name, Mrs Known
7. Mother's Birthplace, " "
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Irvin Eblaugh M.D.

Address, 622 N. Loudon St.

Remarks,

CITY PRINTERS AND STATIONERS

Issuing A. 16203 – 16869

These cert. copied into Vol 10.

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Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 1687 0

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

Date of Birth, Dec. 1 1889

Place of Birth, (Street and Number) 816 Allen St

Full Name of Mother, Mollie Cox

Mother's Maiden Name, Mollie Magner

Mother's Birthplace, Richmond Va

8. Full Name of Father, Wm Edward Cox

9. Father's Occupation, Carver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Vaughn Baxley MD

Address, 801 St Paul St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Dec 1889
4. *Place of Birth, (Street and Number)* 227 Hamburg St
5. *Full Name of Mother,* Sadie Tapman
6. *Mother's Maiden Name,* Hornan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Tapman
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks

DEC 3 1889
BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Dec 2. 1889.

A. 16872

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Balto Dec 1. 1889.
4. *Place of Birth, (Street and Number)* 2320 Essec St.
5. *Full Name of Mother,* Mary Weaver
6. *Mother's Maiden Name,* Mary Hamburger.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Joseph Weaver
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend.

Address, 410. S. Wolfe St.

Remarks, #

register of such birth, and shall enter the same on a [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third Day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

DEC 3 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16873

HEALTH DEPARTMENT, DEC 3 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	1st December 1889
4. Place of Birth, (Street and Number)	No 2023 Frederick ave
5. Full Name of Mother,	Mrs Findling
6. Mother's Maiden Name,	Miss Pfloum
7. Mother's Birthplace,	Philda. Pa
8. Full Name of Father,	Mr Henry Findling
9. Father's Occupation,	Spiner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Prattat
Remarks,	

Register of such birth shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 11 1 - 88
4. *Place of Birth, (Street and Number)*	610 567 Am. st
5. *Full Name of Mother,*	Ama Crowder
6. *Mother's Maiden Name,*	West
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo Crowder
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah F Harrington
Address,	610 924 Binnie st
Remarks,	

Health. This schedule shall contain a list of the ... been ascertained the full name of each child, if any ... month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether male or female),* ~~White~~ Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 1. December
4. *Place of Birth (Street and Number),* 13. York St. Balto
5. *Full Name of Mother,* Bridget Curley
6. *Mother's Maiden Name,* Bridget Leach
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Curley
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Ann Taylor Midwife

Address, 41. Guilford Aly

Remarks,

A 16875

register of such birth, and shall enter the same on a blank [illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Dec. 1. 1882.
4. *Place of Birth, (Street and Number)* 508 McMaskin Street
5. *Full Name of Mother,* Lizzie Sampson
6. *Mother's Maiden Name,* Lizzie Barney.
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Barney. Sampson.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Eastern Shore,

Name of Medical Attendant, or other person who makes this Return. Hester Colame

Address, 509. Preston Street

Remarks,

Baltimore under which [illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4/st A 16877
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 1st
4. *Place of Birth, (Street and Number)*	1322 N Valley st
5. *Full Name of Mother,*	Caroline Connely
6. *Mother's Maiden Name,*	" Dimon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Terance Connely
9. *Father's Occupation,*	Varnisher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	

Baltimore City, etc., and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16878

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Decemb 1 89
4. *Place of Birth, (Street and Number)* 17 N. Howard St
5. *Full Name of Mother,* Ellen
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Phillip Fink
9. *Father's Occupation,* Caterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Phillips MD

Address, 949 Madison ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 16879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Dec. 1st 1889
4. *Place of Birth, (Street and Number)* 1014 Hollins St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Maggie Winken
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Jacob. E. Zitzer
9. *Father's Occupation,* Butter Dealer
10. *Father's Birthplace,* Plainfield Pa

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Pappelton St

Remarks,

[illegible] shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16880

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (State ~~whether male or~~ female)*
2. *Race or color, (if not of the white race)* Negro.
3. *Date of Birth,* Decr 1st
4. *Place of Birth, (Street and Number)* 1320 Whatcoat St.
5. *Full Name of Mother,* Frances Bush
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* St Marys Co. Md
8. *Full Name of Father,* Not given
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. Pearce Kuntzing MD.

Address, 601 Franklin St

Remarks, Child illegitimate

Register of such birth, which shall contain a list of the births which have occurred under [illegible] Health. This schedule shall contain a list of the births which have occurred under [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* corked race
3. *Date of Birth,* Seckey of December
4. *Place of Birth, (Street and Number)* Baltimore 809 Stockhelm St
5. *Full Name of Mother,* Annie Stanstor
6. *Mother's Maiden Name,* is not married.
7. *Mother's Birthplace,* washington DC
8. *Full Name of Father,* Sylvester Fennies
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Saint Mary County MD

Name of Medical Attendant, or other person who makes this Return. Dr Della Milles

Address, 819 Stockhelm

Remarks, She got long causedable well

Register of such birth, which shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Henry Weitzel

A 16882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (State whether male or female) Boy.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 2nd of December 1889
4. Place of Birth, (Street and Number) 116 North Burk street.
5. Full Name of Mother, Katie Borner.
6. Mother's Maiden Name, Katie Weitzel.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Weitzel.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st. per Justina Kunkel.

Remarks, Healthy.

GIVEN NAME ADDED 4-2-54

L. M.

Register of such birth, and shall contain a list of the births which have occurred under each child, if any shall have Health. This schedule shall contain a list of the births which have occurred under each child, if any shall have mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth* Dec 2nd 1889,
4. *Place of Birth, (Street and Number)* 405 New St Baltimore Md.
5. *Full Name of Mother,* Ella Thalmeyer.
6. *Mother's Maiden Name,* " Hoffmann.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Thalmeyer,
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 642 Jasper St.

Remarks,

under whose charge of Superintendence a birth is to be furnished by the Commissioner of Health, [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Regina Louise Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th A 16882

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, December 2/89
4. Place of Birth (Street and Number), 408 - S. Wolf Street
5. Full Name of Mother, Helen Johnson
6. Mother's Maiden Name, Helen Leonard
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Lewis Johnson
9. Father's Occupation, Musician
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. N. L. Dashiell Jr. M.D

Address, 700 S. Broadway

Remarks, 6 A.M.

DEC 2 1889

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec. 2nd 1889
4. *Place of Birth, (Street and Number)* 600 N. Freemont St.
5. *Full Name of Mother,* Anna Maud Eyler
6. *Mother's Maiden Name,* Deckert
7. *Mother's Birthplace,* Chambersburg Pa.
8. *Full Name of Father,* Maurice Edgar Eyler
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Waynesboro Pa.

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

HEALTH DEPARTMENT DEC 3 1889 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Baltimore City Dec 24th 1888
4. *Place of Birth, (Street and Number)* Baltimore City 1136 Ridgley St
5. *Full Name of Mother,* Annie Small
6. *Mother's Maiden Name,* Annie Crusa
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ernest Small
9. *Father's Occupation,* Boxcutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M. Shaffer

Address, No 716 West St

Remarks,

register of such birth, and shall enter the same on a blank Schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 2nd
4. Place of Birth, (Street and Number) #2023 Christian st.
5. Full Name of Mother, Catharine R. Levinus
6. Mother's Maiden Name, Catharine R. Holding
7. Mother's Birthplace, Rock Hall. Maryland
8. Full Name of Father, Joseph Thomas Levinus.
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Delawere

Name of Medical Attendant, or other person who makes this Return. Agnes Eble

Address, #2042 Wilkins ave.

Remarks,

register of such birth, and shall enter the same on a [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 6 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-14-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Wertheim

A 16888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec. 2nd 1889.
4. Place of Birth, (Street and Number) 6 S Ann St.
5. Full Name of Mother, Amelia Wertheim
6. Mother's Maiden Name, Greenbaum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Wertheim
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S W Seldner M D

Address, S E Cor Caroline & Eager Sts

Remarks,

Health. This schedule shall contain a list of the births which have [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-27-5

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Richard O'Brion E 16889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 Dec -1889
4. Place of Birth, (Street and Number) 924 Sterling St
5. Full Name of Mother, Mary Obrion
6. Mother's Maiden Name, " Harrison
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Obroion
9. Father's Occupation, Hack driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs R Ulbig

Address, 302 Holland St

Remarks,

DEC 6 1889

[illegible] register of such birth, and shall enter the same on a blank schedule, to be furnished [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 3rd 1889
4. Place of Birth, (Street and Number) Baltimore City 413 Barre St
5. Full Name of Mother, Martha Suite
6. Mother's Maiden Name, Martha Rogelk
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Suite
9. Father's Occupation, Custer
10. Father's Birthplace, Pcenter George Co

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shuffer

Address, No 716 West St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec: 3 - 1889
4. Place of Birth, (Street and Number) 13. S. Stricker St -
5. Full Name of Mother, Mamie L. Cotton -
6. Mother's Maiden Name, a - Schweitzer -
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm L. Cotton
9. Father's Occupation, Plumber & Tinner -
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Alfred Whitehead M.R.C.S. Eng:

Address, 6. S. Exeter St -

Remarks, Natural Labor -

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 3rd 1889
4. *Place of Birth, (Street and Number)*	No 4 Stinson Str
5. *Full Name of Mother,*	Mrs Mary Lang
6. *Mother's Maiden Name,*	Miss Mary Krammer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Lang
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Miss Hiller
Address,	2127 West Pratt Str
Remarks,	

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 3rd 89
4. *Place of Birth, (Street and Number)*	1916 Wilkins Ave
5. *Full Name of Mother,*	Anner M Anderson
6. *Mother's Maiden Name,*	A. M Bayne
7. *Mother's Birthplace,*	Penn
8. *Full Name of Father,*	R. T. Anderson
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	719 W Fayette St
Remarks,	

register of such birth, and shall enter the same [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same in a book to be kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child. 16894 A

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 3 — 1889.
4. *Place of Birth, (Street and Number)* 1003 Sharp st.
5. *Full Name of Mother,* Barbara Litz.
6. *Mother's Maiden Name,* Lieb.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* George Litz.
9. *Father's Occupation,* Porter.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child A 16895

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 3, 1889.
4. Place of Birth, (Street and Number) No 5 Williamson St.
5. Full Name of Mother, Agnes Lingner.
6. Mother's Maiden Name, Agnes ~~Lingner~~ Owings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lingner
9. Father's Occupation, Harnessmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 213 E. Heath St.

Remarks, Doing Well

register of such birth, and shall enter the same on a [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, such information within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A 16896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 3d
4. *Place of Birth, (Street and Number)* 1915 Eastern avenue,
5. *Full Name of Mother,* Mary E. Sullens
6. *Mother's Maiden Name,* Mary E. Collens
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wiliam Sullens
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Ellen Smith

Address, 1913 Eastern ave. City

Remarks,

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* december 3
4. *Place of Birth, (Street and Number)* york st 121
5. *Full Name of Mother,* Mary D scoot
6. *Mother's Maiden Name,* Mary D george
7. *Mother's Birthplace,* dorchester County MD
8. *Full Name of Father,* eduard george
9. *Father's Occupation,* labour
10. *Father's Birthplace,* dorchester County MD

Name of Medical Attendant, or other person who makes this Return. sarrat S Wilson

Address, No 115 Hury st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

register of such birth, and shall enter the same on a blank schedule, [illegible] under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 3rd 1889
4. *Place of Birth, (Street and Number)* East Street 1 door From Hillen
5. *Full Name of Mother,* Rachel Chapman
6. *Mother's Maiden Name,* Maffet
7. *Mother's Birthplace,* Charleston S.C.
8. *Full Name of Father,* Charles Chapman
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Charleston S.C.

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 1829 E Pratt

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16899

d of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

tate whether male or female), Female

r Color (if not of the white race), Colored

f Birth, December 3rd 1889

of Birth (Street and Number), 211 S. Bethel St

ame of Mother, Charlotte Carter

's Maiden Name, Charlotte Johnson

's Birthplace, Baltimore

ame of Father, Adam Carter

's Occupation, Laborer

's Birthplace, Anne Arundel Co, Md

of Medical Attendant, or other person who makes this Return. Elizabeth Mordouna

ss, 1102 Mulligan St

ks, Betsey Ann & Brady

nd Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 3rd
4. *Place of Birth, (Street and Number)*	628 Penn alley
5. *Full Name of Mother,*	Anna Johnson
6. *Mother's Maiden Name,*	Anna Mitchell
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Samuel Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	Mrs Harriett Hammond
Address,	227 Arch Street
Remarks,	Live born babe

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 3rd DAY Jan.
OF 1964 THE MICROPHOTOGRAPHS APPEARING
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ENDING WITH #A16900 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
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PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul

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